VS A15 (4) 15M 10/S7

M

CERTIFICATE OF DEATH

ß		()	6	8	6	-
Reg.	Dist.	No.				

D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park d. NAME OF HOSPITAL (If not in hospital), give street address) d. NAME OF HOSPITAL (If not in hospital), give street address) J. NAME OF HOSPITAL (If not in hospital), give street address) J. NAME OF HOSPITAL (If not in hospital), give street address) J. NAME OF HOSPITAL (If not in hospital), give street address) J. NAME OF HOSPITAL (If not in hospital), give street address) J. NAME OF HOSPITAL (If not in hospital), give street address) J. NAME OF HOSPITAL (If not in hospital), give street address) J. NAME OF HOSPITAL (If not in hospital), give street address) J. NAME OF HOSPITAL (If not in hospital), give street address) J. NAME OF HOSPITAL (If not in hospital), give street address) J. SEX J. COLOR OR RACE [7. MARRIED] NEVER MARRIED] J. SARA Alley J. ADATE Month June J. ADATE MONTH MONTH Ju	T. PLACE OF DEATH	ntgomery		MARYLAND	2.	USUAL RES	D. C.	ere decease		If institut		ence before	odmission)	
d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 1.41.2 Delafield Pl, N.W. e. 15 RESIDENCE NO PARTY NO	_RURAL and give	neorest town)	its, write	c. LENGTH OF STAY IN 16							RURAL and	give near	est town)	
3. NAME OF DECEASED TYPE OF PITTING THE PART IL OST DEATH STATE OF SET AND LEASE OF DECEASED TYPE OF PITTING COURSE OF DECEASED TYPE OF PART II. OTHER SIGNIFICALISE COLOR OR RACE TO MARRIED IN NO PART II. DEATH WAS CAUSED BY III. DUE TO LYPING COURS (a). 16 J. 1884. The Total Course of Part II. DEATH WAS CAUSED BY III. DUE TO LYPING COURSED THE PART II. OTHER SIGNIFICAL EXAMINER CO. ACCIDENT WAS UNDERLYING IDEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OF PART II. OTHER SIGNIFICAL EXAMINER CO. ACCIDENT WAS UNDERLYING IDEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OF PART II. OTHER SIGNIFICAL EXAMINER CO. ACCIDENT WAS UNDERLYING IDEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OF PART II. OTHER SIGNIFICAL EXAMED TO COURSE OF PART II. OTHER SIGNIFICAL EXAMINER COURSE OF PART II. OTHER SIGNIFICATION OF THE PART II.	d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, g		address)		d. STREET	ADDRESS				41	e.		
Sarah L Alley DEATH June 9 1959		ursing Ho	me			141	2 Del	Lafie	eld	P1,	N.W.	•	YES NO	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years of the property	DECEASED			Middle				OF				Day	Yeor	
Temale White WIDOWED DIVORCED Aug. 16,1884 Tyrs. Months Doys Hours Min				L				DEATH				9		
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT HOUSEWIFE 12. CITIZEN OF WHAT COUNT HOUSEWIFE 13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. A.* 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse pay line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse pay line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse pay line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY: 10. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR		7.22	7. MARI		B. D	ATE OF BIRT	TH .		9. AGE	(In years birthday)	Months Months	R 1 YEAR II	F UNDER 24	HRS.
HOUSEWITE NONE D. C. U.S.A. 13. FATHER'S NAME JOHN Dailey 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NONE HOSPITAL Records 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoing the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' YES ON CONTRIBUTING COURRED THE REPORMED? 200. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Mannih, Day, Year 20d. INJURY OCCURRED While Not while of work of wo				- 73					1 7	4 yrs.		Doys	Mours M	ın.
13. FATHER'S NAME JOHN Dailey 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NONE HOSPITAL Records 18. CAUSE OF DEATH [Enter only one couse pay line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING DOES THE HOW INJURY OCCURRED Enter noture of injury in Port 1 or Port 11 of item 18.) 21. I certify that I attended the deceased from March of twork of two	10a. USUAL OCCUPAT during most of wo	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHP	LACE (State	ar fareign	country)		12. C	ITIZEN OF	WHAT COU	NTRY?
John Dailey 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse pay line for (g), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) PRICE CAUSE OF DEATH ONSET AND DEATH 2 d PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) PREPOPMED? YES NO [2] ON CONTRIBUTING CAUSE OF DEATH ON CONTRIBUTING COURSE OF DEATH ON CONTRIBUTION COURSE OF DEATH ON CONTRIBUTION COURSE OF DEATH		fe		none		D.	C.				J	J.S.A	4.	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dotte of service) NONE IB. CAUSE OF DEATH [Enter only one couse pay line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE TER	13. FATHER'S NAME				1.	4. MOTHER'S	MAIDEN N	IAME				- 14		
The content of the	John Da	iley				Ja	ne	Albr	ritt	on				
None Hospital Records Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Onset	15. WAS DECEASED EN			SOCIAL SECURITY NO. 17.	INFO	RMANT				Ado	iress			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [2] 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work of work of work 19. That I last saw the decease	m. m	(iii yes, give her or done or		None H	OS	pital	Reco	ords						
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of work of work of work of work of work 2. 19.59, ta 19.51 that I last saw the decease	gave rise to cause (a), slating lying cause last	the <u>under-</u> DUE TO	:)(ene (h	Le	nos	· Cler	ori	0			/6	ch,	,
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work at lattended, the deceased fram. 1144 22, 19.59, ta 19.51, t	PART II. O	AS UNDERLYING CAUSE OF DEATH	0/	almona	1	Zu	ber	culis	20	- 6	ven in pa		PERFORMED)?
The second secon		RY Month, Day, Yes	While	Not while	PLACE octory	OF INJURY , street, affic	(Home, form, e bldg., etc.)	20f. (Cit	y or tow	n)		(County)	(S	tote)
	21. I certify t	hat I attended the	deceas	ed fram Magn	22	1959	, to	12	9	. 195	Tthat I	last say	v the dece	eased
ACTUAL SIGNATURE AND HOLD M.D. 1914 Signature M.D. Wash DE	alive an	me 8	19	Sq., and that dea	h oc	curred at				causes o	and an		stated a	bave.
PHYSICIAN'S ARTHUR H. LEWIS, MI) 6/9/		ARTH	fur	H. LE	w	15	MI						6/9	1
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial 12 June 59 Ft. Lincoln Cem. 22d. LOCATION (City, town, or county) (Stote) Bladensburg, Md.	REMOVAL (Specific)												
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	1					24b. REGI	STRAR'S S	IGNATURE		
Lee Funeral Home 300 4th St. N. E. DATE JUN 1 2 '59 Cother & King	Lee Fun	amal Home	300	Ath St. N.	E.		DATE	JN 12	59	C	Lither	04		

	CERTIFICATE OF DEALS		
The state of the second state of the second state of	Contracto Contractor		
	- Charles and Char		
	100		
	A CONTRACTOR	Termination of the Co.	
THE RESIDENCE OF THE PARTY OF T		Samuel of the same of the or	

VS A1S (4) 1SM 10/S7 050

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
6901	CERTIFICATE	OF DEATH	

116864

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgome	erv		MAR	YLAND	2. USUAL RESI		nere deceased	lived. If institut b. COUNTY		before admis	sion)
b. CITY OR TOWN RURAL and give	(If outside corporate fimi	ts, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR	TOWN (If o	outside corpor	ote limits, write f	RURAL and give	ve nearest tow	n) V
Bethesda			149 da	vs	Tamp	a		148 X	- 3		
	PITAL (If not in hospital, o	jive street			d. STREET A					e. IS RES	SIDENCE A FARM?
The Clir	nical Center	. Bet	hesda 14.	Md.	8503	Twin	Lakes	Bouleva	ard	YES [NO 🖾
3. NAME OF DECEASED	Fir		Middl	e	Los		4. DATE OF	Мог	nth	Day	Yeor
(Type or print)	Edg		Marsha		Andrews	, Jr.	DEATH	Jur	le	8,	1959
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🗌	B. DATE OF BIRT	Н		9. AGE (In years		YEAR IF UND	
Male	White	WIDOW	DIVORC	ED 🔲	October	16, :	1924	lost birthday) 34 yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPAT during most of w	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign co	untry)	12. CITIZ	EN OF WHAT	COUNTRY
Salesmar	1	Pa	aper Compa	ny		Flor	rida			U.S.A	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME				
Edgar M.	Andrews, S	r.			Ebba	Lund:	in				
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17. 1	NFORMANTTh			ecord Add	Iress		
Yes, no. or unknown)	(If yes, give war or dates of s		ascertaina					r, Bethe	esda 14	. Marv	land
18. CAUSE OF D	EATH [Enter only one co	use per lin	ne for (o), (b), and (c)	1.1						INTERVAL BI	
	EATH WAS CAUSED BY:	7.65	idline Let		Granulom	a				ONSET AND	DEATH OS •
138.1	DUE TO										
Conditions, if	ony, which) (b	,									
gove rise to	immediate (
lying couse los	g the Under-										
	THER SIGNIFICANT CON		ONTRIBUTING TO DI	FATH BUT	NOT PELATED TO	THE TERM	NIAL DISEASE	COMPITION GI	VENI INI DART	1(a) 10 W/AS	ALITOPEY
CATIO					THO THE PROPERTY OF	, me reami	THAT DISEASE	CONDINOIVOI	YEIN IN YAKI	PERFC YES 29	PRMED?
OR CONTRIBUTION	WAS UNDERLYING GO CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES0	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture o	of injury in I	Port I or Port	II of item 18.)			
3 20c. TIME OF INJ	URY Month, Doy, Ye	or 20d. 11	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	, 20f. (City	or town)	(Co	unty)	(Stote)
20c. TIME OF INJU	10	While	Not while	fo	ctory, street, office	e bldg., etc.	.)				
	that I attended the	_		arv	10 10 59	, to Ju	ne 8	. 50)		
T _o	ing i attended the	decease								ist saw the	
alive an	mie o	, 19	22, and tha	t death	occurred at						
ACTUAL	0	01	100)	(T)	C1 m a a	-	eet, city or town,	stote)		ATE SIGNE
ACTUAL SIGNATURE	James	C.K	intery &		M.D. The		cal Ce			-	8-59
PHYSICIAN'S			Jr.		Nati	onal .	Instit	utes of	Health	1	
NAME (Type)	James C.	Kirby	7. M.D.		Beth	esda :	14, Ma	ryland			
220. BURIAL, CREMAT	ION, 22b. DATE THEREC	F	22c. NAME OF CEA	AETERY O	R CREMATORY		22d. LOCATI	ION (City, town,	or county)	(Stol	te)
Bur Tran	s. Jne.11,	1959	Tampa (Cem.			Tampa	, Flor	ida		
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			240. REC'I	D BY REGISTR	RAR 24b. REGI	STRAR'S SIGN	NATURE	
pobert A	Pumphrey	, Be	ethesda.	Mar	yland	DATEJU	N 1 1 '59	an	thun S. F.	trava	

HIM OLD TANKS HIM OL	BI GEO CHAILEAN	-HTJARFEO THEMTRARED ETA		
		HTARGET DEDRATH		
		Language Communication of the America (Com		
		San Court		
			•	
		, ,		
			• ' • 6	
				91571 re-1601
			While waster	
The second of th	Ballyon - Charles - Andrews			

leath. Page 4

within 24 haurs a

ry filled in by the funeral directar, Pages 1 and 2 should be filed with papers.

may be retained by the haspit.

TO FUNERAL DIRECTOR: After the entiticate has been signed by the attending physician and camps page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers the registrar priar to burial, cremation, ar remayal, and in any event within 72 haufrester a att.

TENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL OF

VS A1S (4) 1SM 9/S8

6902

$\begin{array}{c} \text{MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18} \\ 902 & \text{CERTIFICATE OF DEATH} \end{array}$

06865 Reg. Dist. No. 215

o. COUNTY	Montgomery	MAR	2. USUAL RE	SIDENCE (Where deceased Virginia	b. COUNTY	Residence before admission) ince William
	OWN (If outside carporate limits,	write c. LENGTH OF STAT	IN 16 c. CITY O			AL and give nearest tawn)
RURAL or	give nearest town) Bethesda	49 days		Manassas	83	v 3
d. NAME O	HOSPITAL (If not in hospital, give	street oddress)		ADDRESS	00	e. IS RESIDENCE
OR INSTI	Naval Hospital,		•	560 Centrevi	lle Road	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle		4. DATE OF	Month	Day Year
(Type or pri	Rober	t (n)	ARNOTT	DEATH	June	20 19 59
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARR	IED 8. DATE OF BII	тн		UNDER 1 YEAR IF UNDER 24 HRS
Male	Caucasian w	IDOWED DIVORCE	ED □ 2 Oct	ober 1898	6061 yrs.	onths Days Haurs Min.
10a. USUAL OC	CUPATION (Give kind af work don t af working life, even if relired)	e 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTH	PLACE (State ar fareign co	ountry)	12. CITIZEN OF WHAT COUNTRY
470	Le sman	Americal Sup	ply Co. N	EW JERSEY		U.S.A.
13. FATHER'S N				'S MAIDEN NAME		
Robert	ARNOTT		Jan	et THOMSON		
IS. WAS DECE	SED EVER IN U. S. ARMED FORCES				560^@er	treville Rd.
Yes, no, or unknow	n) (If yes, give wor or dates of service WW I WW II	UNKNOWN	Mrs. Jos	ephine ARNOI		s. Virginia
1	OF DEATH Enter only one couse			10010		INTERVAL BETWEEN
PAI	T I. DEATH WAS CAUSED BY:	General	0 0-	cumamata	0.1.4	ONSET AND DEATH
151	IMMEDIATE CAUSE (o) DUE TO	(Adenocarcino			mond motor	2 mo.
Condition	and the second s			MICH MIGESD	Tead We day	, vases /
	ns, if ony, which (b)	(to liver, bo	ne, Lung)			
	stating the under-					
Z lying cou	/ (6)	TONE CONTRIBUTING TO DE	ATU BUT NOT BELATED	O TUETEBUILD DICEASE	COMPITION CINE	IN PART 1/- 120 WAS AUTORS
ZOG. ACCIL OR CONTR (IF EITHER,	r II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DE	ATH BUT NOT KELATED	O THE TERMINAL DISEASI	E CONDITION GIVEN	PERFORMEDS YES NOT
20g. ACCII	ENT WAS UNDERLYING [] 20	b. DESCRIBE HOW INJURY O	OCCURRED (Enter nature	of injury in Part I or Part	II of item 18.)	123 110
	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)					
S 20c. TIME C	FINJURY Manth, Doy, Year	20d. INJURY OCCURRED		(Home, form, 20f. (City	ar tawn)	(Caunty) (State
20c. TIME O	a. m. p. m.	While Nat while of work	factory, street, aff	ce bldg., etc.)		
9.7	P		10 E	9, ta 6-20	10 50.1	
200	tify that I attended the de 6-20					at I last saw the deceased an the date stated above
alive an					the causes and or reet, city or town, state	
ACTUAL	7. /4. O	annell LT.		. NAVAL HOSE		
SIGNATUR	F.H. O'CONNELL	LT MC USN	M.D. U.D	. NAVAL HOSE	TIME BEILL	סובו אחסיב
PHYSICIAN NAME (Ty	's F.H. O'CONNELL	LT MC USN	U.S	. NAVAL HOSE	PITAL BETH	ESDA MD
	EMATION, 22b. DATE THEREOF	22c. NAME OF CEM	ETERY OR CREMATORY	22d. LOCAT	ION (City, tawn, or c	aunty) (State)
Burial	(Specify) 6-24-59	Arlingto	n National	Arlin	ngton, Vir	
	RECTOR'S SIGNATURE	ADDRESS		240. REC'D BY REGIST		AR'S SIGNATURE
CHAMBE	517 11th	Sto S.E. Was	n. D.C.	DATE JUN 23	29 a	thun & Thouse

		TO PUBLICATION OF STREET		
CHARLES OF TRANS			or a program of	
	-11-221			
	noundable -	tatas se	PARES. TELE	
			Service and any	
Mary and the second		1		
	1	(_)	1798 - Land	
	12 - Egg 12653 3		100 000 000 000	-14-
		THE RESERVE OF THE PARTY OF THE		
		Called Andrews	Time of	
			THE STATE OF	
				L Carlein
Table Ballive Late 14.				
Mean man, Tip Man	Can loughter him authorized the	EASTERNIE.	IL ALTERIA	
	A STATE OF THE STA			
	COLUMN TO MAKE A	;		
	1.5	· · · · · · · · · · · · · · · · · · ·		
	10.2 481			
	UR-8 - 80 -	2-4		
	1 2 2 2			
PERSONAL SELECTION OF THE PERSON OF THE PERS	THE PART OF THE PARTY	150 OK 111 C	ELEMENT OF FREE	
an a 0 2, 15 a		1		
	o de la conservación de la conse	D WELFHILL ON		1 1 1 1 1
and the second				
BUNK - PHANT		.4		H 416 13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06866

6903 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE (W o. STATE	there deceased lived. If institution b. COUNT	ution: Residence before admission) TY
b. CITY OR TOWN RURAL ond give RENSIN	(If outside corporate limi negrest town) SUON	ts, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF Washingt		RURAL ond give nearest town)
OR INSTITUTION	ton Garder	ive street oddress) ns Nursing Home	d. STREET ADDRESS	th Dakota A	Ve. N.E. e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	Fir Ck	marles August Au	Lost 10	4. DATE MO OF DEATH June	onth Day Year ⇒ 26. 1959 19
s. sex male	6. COLOR OR RACE white	7. MARRIED T NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 7/25/91	9. AGE (In year lost birthdoy) 67 yr:) Months Doys Hours Min.
Retired		done 10b. KIND OF BUSINESS OR INDU	Washing	ton, D.C.	12. CITIZEN OF WHAT COUNTRY?
Fred L.	Aue		Marie		
1S. WAS DECEASED EV (Yes, no. or unknown) NO	(ER IN U. S. ARMED FOR (If yes, give war or dates af se		Home Re	cords- Kensi	Ington, Md.
PART I. DI // 3 × Conditions, if gove rise to cause (a), statin lying couse los	immediate DUE TO		of Lux)6-	ONSET AND DEATH
F P	THER SIGNIFICANT CON ORTAL (AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)	DITIONS CONTRIBUTING TO DEATH BU CRAHES 15 20b. DESCRIBE HOW INJURY OCCURR			SIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	JRY Month, Doy, Yes	ar 20d. INJURY OCCURRED 20e. P While Not while of wark of otwork	LACE OF INJURY (Home, fornoctory, street, office bldg., etc.		(County) (State)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hot I oftended the hunge 76 STANLEY	deceosed from May 1959 ond that deat 1 W. Kuster	46 . 4	4	that I last saw the deceased above in stote) Organic State Control Co
220. BURIAL, CREMAT REMOVAL (Specif burial 23. FUNERAL DIRECTO	6/29/	9 Prospect H	Hill Cem.	22d. LOCATION (City, town Washingto	
		2901 Alleth St.	11 . 10 .	2 0 150	hun & Harra

ry filled in by the funeral director, Pages 1 and 2 shauld be filed with within 24 haurs o TENDING PHYSICIAN: The law requires that the deoth certificate be executed may be retained by the haspity attending physician.

FUNERAL DIRECTOR: After the sertificate has been signed by the ottending physician and camp page 3 should be detached far use os the burial-transit permit. Then please remove corbon-pager the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. may be retained by the hasping TO FUNERAL DIRECTOR: After TO HOSPITAL OF

VS A1S (4) 1SM 9/SB

HOTAL. the contract of the second of The street of the second of th Silvery Of the Day of

06867

001	MEDICAL	EXAMINER'S	CEDTIEICATE	OF DEATH
90%	MEDICAL	EXAMINEK 2	CEKHILICALE	OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

H	EA	LTH	1.D	EPT.	
220	90	4	de	1	
Die c	200	B	4	1	
Š	-	4	~	1	

TO DEPUTY MEGINEL EXAMINATION of this certificate should be executed within 24 hours after death. If any delay is necreated execute the certained, ward "pending" in pendil in them, 18. Give Pages 1, 2, and the funeral distance to the Crief Medical Examiner's Office along with farm PM3. Page 5 to be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard as its designated agent, prior to burial, cremation, ar removal, and in any event within 72-hours after death.

VS. A15ME 5M 2/57

1. PLACE OF DEATH O. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Montgomery
b. CITY OR TOWN II outside corporate limits, write RURAL and give pearest lown. C. LENGTH OF STAY IN 1b Lensington 1 yr.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Kensington Gardens	d. STREET ADDRESS 7203 Denton Rd., e. IS RESIDENCE ON A FARM YES NOT
3. NAME OF First Middle GERTRUDE S.	BABB 4. DATE Month Day Yeor OF DEATH June 26, 1959
Female White WIDOWED DIVORCED	Feb. 16, 1878 81 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING most of working life, even if retired) Housewife	TIL BIRTHPLACE (State or foreign country) West Virginia 12. CITIZEN OF WHAT COUNT U. S.
13. FATHER'S NAME Arnold Scherr	14. MOTHER'S MAIDEN NAME ? Nichols
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown	INFORMANT Address
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Congesti	ive Heart Failure Sudden
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	yocarditis Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \(\text{NO.}\) NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL While Not while for work 19 at work 19	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State city, street, office bldg., etc.)
21. I certify that I took charge of the remains described ab opinion death resulted from: Notural causes . Accident ACTUAL SIGNATURE Trank J. BROSCHART EXAMINER'S NAME (Type) FRANK J. BROSCHART	
220. BURIAL, CREMATION, 122b. DATE THEREOF BURIAL SPECIFY BURIAL SPECIFY BURIAL SPECIFY COMPANY SPECIFY DIES STANK J. BROSCHARI 22c. NAME OF CEMETERY COMPANY OUCENS POI	
Robert A. Pumphrey, Bethesda, Mar	ryland DATE HH 2 159 Carling & House

MEDICAL EXAMINER'S CERTIFICALE OF DEATH 7295 Denum sd., Seekshi andenished The second of the Artist of the Many Ley Leye HEE Ser or Fig. att own - p. R. Sell Bill Chronic Evocure 1918 7 h The property of the second second second to the second sec reach telepopality of temperature are also as temperature in the second TO THE COUNTY OF THE 26, 1954 English of the second of the s THE VILLE WAS DOING TO THE OWNER OF THE PARTY OF THE PART but I de la company de la comp to ere A. remortey, Bethrede, Narythee Lan and the color of the color

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116868

CERTIFICATE	OF	DEAT	-
	CERTIFICATE	CERTIFICATE OF	CERTIFICATE OF DEAT

Reg. Dist. No.

	0000	
1,	o. COUNTY MONTGOMERY MARYLAND 2. USUA O. ST.	L RESIDENCE (Where deceased lived. If institution: Residence before admission) ATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and/give nearest town)	Y OR TOWN (If outside corporate limits, write RURAL and give nearest town)
_	KENSINGTOWND Y	NAShington Oici
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) FOR INSTITUTION CAYDENS DANITATION CATORIS DANITATION DANI	3024 RODMAN STINICO ON A FARM?
	3. NAME OF DECEASED (Type or print) ALFRED N. B	Lost 4. DATE Month Day Year Ai'/ey DEATH JUNE 19 19 U
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE O WIDOWED DIVORCED JUNE	lost birthdoy) Months Days Hours Min.
10c	 USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. I during most of working life, even if retired) 	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR
	Rooming House Operator - self M	lichigan U.S.A.
13.	3. FATHER'S NAME	THER'S MAIDEN NAME
	Seth BAIley 1	-lora MARSHAII
15. (Ye	(Yes, no. or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMAN 10. 10. INFORMAN 10.	HORA MARSHAII Address Washington, D Bailey - 3024 Rodman St. N.W.
	MMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. [b] DUE TO DUE TO (c)	e's Denitied you
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		oture of injury in Port 1 or Port 11 of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while foctory, stree p. m. 19 work of work	JURY (Home, form, 20f. (City or town) (County) (State bldg., etc.)
	21. I certify that I attended the deceased from 1815	9, to
	olive on 11555 , 19 , and that deoth occurre	ed of 3.45 P.M. from the couses and on the date stated aba
	My On My	SAM ALLEN RADIO SAM ALLEN RADIO SAM ALLEN RADIO SAM RALEN RADIO SAM RADI
	SIGNATURE M.D	Kensing ALLEN, M.D. X 1
	PHYSICIAN'S SAM Allen' MI	Kensington, M.D. X 6 9 5
220	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CEMAT	DRY 22d. LOCATION (City, town, or county) (Slote)
R	Removal 6/21/59 Prospect Hill	White Cloud, Michigan
-	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
T	The S. H. Hines Company Washington, I	O. C DATE JUN 22'59 Orthur & Firms

	CERTIFICATE OF DIATH AND CONTROL	
Som and the		
		design.
	The state of the s	CHOVE -
to be the second	[60] [60] 10 [60] 10 [60] 10 [60] [60] [60] [60] [60] [60] [60] [60	
Sobales dis escap		
(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		

ath. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs af

TO HOSPITAL OR A may be retained TO FUNERAL DIRECT

VS A15 (4) 15M 10/57

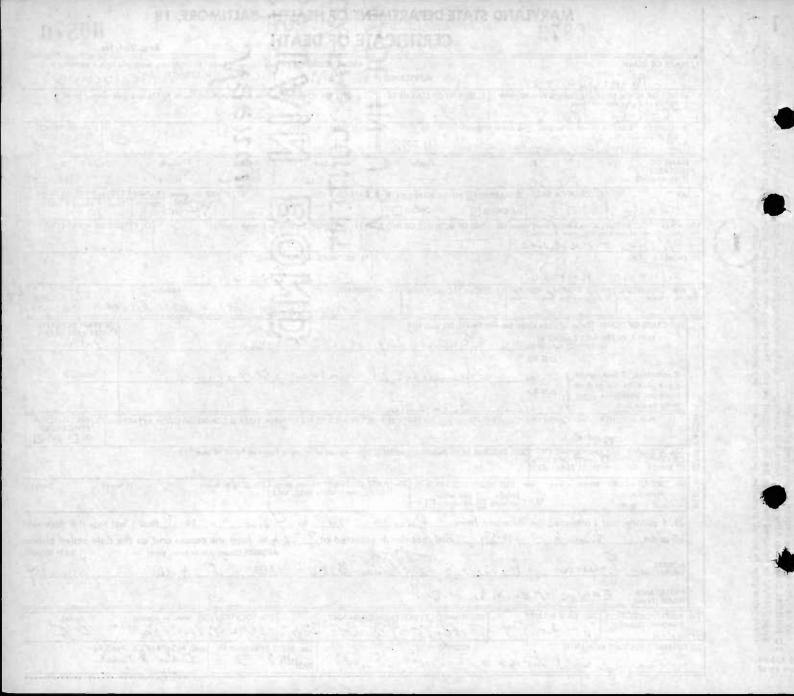
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6906 **CERTIFICATE OF DEATH**

	Keg. Dist. No.
1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE
Montgomery	Maryland Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Bethesda 2 years	XBethesda
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Alta Vista Rest Home	4814 Bradley Blvd. YES □ NO □
3. NAME OF DECEASED (Type or print) Georgia Middle	Dan ham 4. DATE Month Day Year OF DEATH JUNE 21, 195
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED MIDOWED DIVORCED	B. DATE OF BIRTH Feb. 17, 1868 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HR Months bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Home	New York 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNT U.S.A.
John Robbins	Mary Moody
(Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT Address Address 1 Lillian Rankin - Item#2-daughter
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Peute Veutr	culor Fabrillation Interval Between ONSET AND DEATH 30 KM
Conditions, if any, which) (b) Chronic Ma	jocarditis Unde levinon
gove rise to immediate cause (a), stating the under- lying cause last. DUE TO Arteriosclerat	ic Heart Disease adderning
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DWT OF MC TO LIZE & A LEVE OF SCHOOL 200. ACCIDENT WAS LINDSHIPS II. 200. DESCRIPE VOW INVERSIONS OF THE PARTY O	NOT RELATED TO THE TERMINAL DISEASE OCHOITION GIVENIN PART TO THE WAS AUTOPS TO DIO THE TERMINAL DISEASE OCHOITION GIVENIN PART TO THE OFFICE OF THE OFFICE
OR CONTRIBUTING CLOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not white for work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctary, street, office bldg., etc.)
21. I certify that I attended the deceased fram Nov 1	1954 to June Zl. 1955, that I last saw the decea
alive on May 13, 1957, and that death	occurred at 6 PM, fram the causes and an the date stated abo
0/1/1/01	ADDRESS (Street, city or town, state) - BATE SIG!
SIGNATURE	M.D. 10620 Georgia Aug June:
PHYSICIAN'S Come L Ball	Silver Soins MS
220. BURIAL, CREMATION, 22b. DATE THEREOF BURYONA (Specify) 6-24-59 Ft. Lincol	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ded. 8c do., 11a.
Robert A. Pumphrey, Bethesda, Mar	yland DATE 240. REGISTRAR 246. REGISTRAR'S SIGNATURE

		desert and	
Tanison ellili	white the state of		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06870 CERTIFICATE OF DEATH Rea. Dist. No. rector, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND Dial Morjamery Vionigomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give Vegrest town) 10 hes d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 65 ane Jahilarium YES T NO X 10h NAME OF Middle 4. DATE Manth Year DECEASED (Type or print) DEATH une raaa 195 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last birthday) Months Pmale DIVORCED [WIDOWED YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? bod during most of working life, even if retired) olaha Housewife U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL aco 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service Danitalssb. Records-18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY day IMMEDIATE CAUSE (o) DUE TO 114-1 Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? nous YES NO 1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) O 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. ... 19 ST that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 1120km, from the causes and on the date stated above alive on ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S ERWIN STEINMAN MID NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR (Stote) poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Certhur S. Thous 15M 10/57



ė.

VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6907 CERTIFICATE OF DEATH

Reg. Dist. No.

								Mad. Dist.	. 110.	
1. PLACE OF DEATH o. COUNTY MC	ontgomery		MARYL		o. STATE Mary	here deceased	lived. If instituti b. COUNTY		tgome	
RURAL and give t	(If outside corporate limited to the corporate	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	outside corporo	te limits, write R	URAL ond giv	ve nearest to	wn)
d. NAME OF HOSPI	TAL (If not in hospitol, gnery Count	ive street o	eneral		A. STREET ADDRESS				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin Emm a		Middle Ewi ng		Beall	4. DATE OF DEATH	Man 6		Doy 27	Year 19 59
s. sex Female	White	WIDOWE	_		4.20.188	9	AGE (In years last burthday) yrs.	IF UNDER 1 Months D	YEAR IF UN Pays Hour	
10a. USUAL OCCUPATI during most of wor houses	rking life, even if refired	done 10b. K	CIND OF BUSINESS OR	INDUST	11. BIRTHPLACE (Stor	or foreign cou land	ntry)		S.	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			12010	
	s W. Beal.			E I	Mary F	rances	Burde	tte		
	ER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	ORMANT		Add	ress		
No				Luc	cille B. S	mith	M	ionrov	ria, I	Md.
Conditions, if a gove rise to cause (o), stoting tying couse lost.	the under-)	diabetes							ears
PART II. OT Cerebra. 20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY	- vabcata.	Lace	Luciic, 9	CII.	art.scler	· , ulas	etic g	soons angre	10) 19. WA	S AUTOPSY FORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Port 1 or Port 1	of item 18.)			
Hour o. m.	RY Manth, Doy, Yeo	While of work	Not while of work	focto	E OF INJURY (Home, for ry, street, office bldg., et	(c.)			unty)	(Stote)
21. I certify the alive on	June 26	12 5	d from Aug 9, and that a	• 20 death o	2, 1958, to	P.M. from	the causes of et, city or town,	nd an the	date sta	e deceased ited obave DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL)	June 30	,195	22c. NAME OF CEMET			_	on (City, town, ourdum,	Md.		ote)
23. FUNERAL DIRECTOR	1-1/1/1/	unt	L Damas		240. REC	N 3 0 '59		trar's sign		

All Date and All Park and All P	ADMITTED CONTINUES
	Zilinia Vasa ogsåge
75.1 00/f0.1	
	Tone to county seneral
To the second second	gniwa sama
	The server passed and server size of
Distriction of the property of	Condent to
and observe anomal 9 (EU)	flag ration?
Electric States of the company of th	po Carrier de la carrier d
	.nep various estudate 152 escon
e de manufactura (1995), en 1850 de 18 De la composição de 1850 de 18	Marine 25 cm 31 cm and and an arranged and a second and a
	A Later Handson . 1
• 1	

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116872

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceated lived. If institution: Residence before admission) a COUNTY h COUNTY MARYLAND b. CITY OR TOWN III autuid E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give degrest town) OP (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO lesure NAME OF Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) 1955 AGE (In years 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED THE B. DATE OF BIRTH JETINDER TYPAR JE LINDER 24 185 Months Doys Hours AAin WIDOWED I DIVORCED TO 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. Navy Yard machiner 01 C.C. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER INVI S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address we war or dates of service! 579-18-6829 No 18. CAUSE OF DEATH [Finter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate come DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES M NO NO 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OP DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy ... Inspection . Inquiry X and in my apinion death resulted from: Natural causes . Accident . Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) (Stofe) REMOVAL (Specify) BURIAL Union Cemetery Burtonsville, Maryland ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING, MD. arthur S. Hours

iles. 0 2 d oge pages form DIRECTOR designated Should be 0 9 VS. ATSME 5M 2/57

Elizabeth Charles Charles Charles Charles which the manufacture to be a second to Instance, ellipsoper il The state of the s

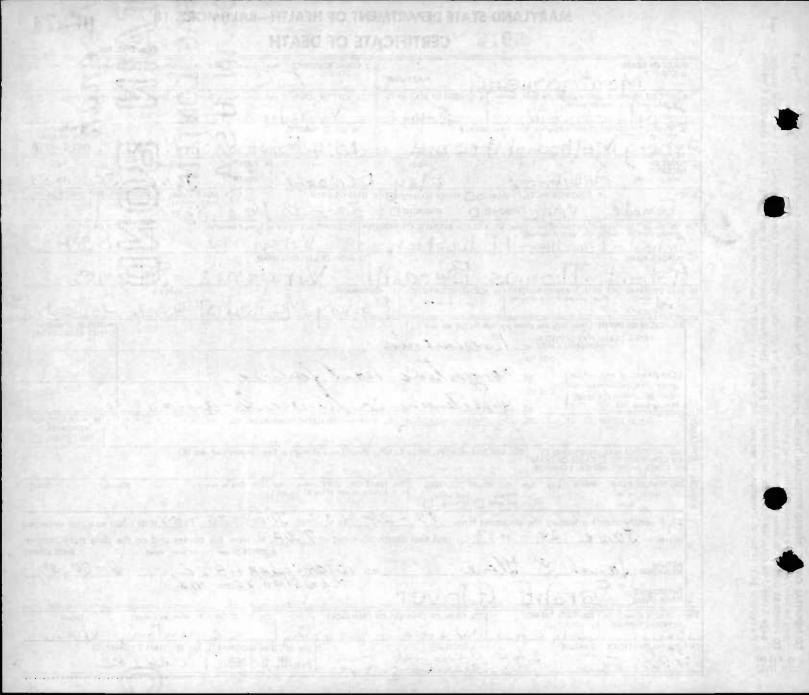
	IT SHOWLING HOUSE TO THE		
A STATE OF THE REAL PROPERTY.	HTARU TO BY	AZIM DOL	
	The street of th		CAMPINE TO STATE OF THE STATE O
A STATE OF THE REAL PROPERTY.	10210 012		
		110000 121	
AND THE PERSON NAMED IN COLUMN			
	West Bushes with 5 co.		
	ab word and c		
	maso mount rase.		
	antille de legal de la locale de la		

1/4		keg. Dist. 140.
1	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL O. STAT	RESIDENCE (Where deceosed lived. If institution; Residence befare admission) b. COUNTY
-	b. CITY OR TOWN (If autside cooparate limits, write c. LENGTH OF STAY IN 1b c. CITY	OR TOWN (If autside corporate limits, write RURAL and give nearest town)
L	Craithers burd 5400.	Vashington 47x-3
	d. NAME OF HOSPITAL (If not in hospitof, give stripet address) OR INSTITUTION d. STRI	et ADDRESS CL AL
1	Hsbury Methodist Home 15	4 Cmerson JT, N, M, YES NO IF
3	3. NAME OF DECEASED (Type or print) Anni Part May Ben	dALL DATE Month Day Year OF DEATH JUNE 30 1959
3	The same of the sa	BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Institution of the lost birthday) Manths Days Hours Min.
L	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIS	4-10/0 8375
4	during most of working life, even if retired)	THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ī	13. FATHER'S NAME 14. MOTH	IER'S MAIDEN NAME
	Robert Thomas Dendall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Virginia Stone
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service) A S DUI	y Methodist Home - Gaithersburg
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	THERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pullinoma	OTIGET AND DEATH
	443X DUE TO	119
	Gandilians, if any, which gave rise to immediate (b) Congestion Man	failers
	couse (a), stating the under fying couse last.	is 11 reselve Vicion
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	Š	PERFORMED? YES NO
- 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter not OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ure of injury in Port I or Port II of item 18.)
1	Haur a. m. While Not while factory, street,	IRY (Home, farm, 20f. (City or lawn) (County) (State)
1	12 20	ST. The 30 250
	21. I certify that I attended the deceased from 2, 19	55, to June 30, 1959, that I last saw the deceased at 7.30A. M, fram the causes and an the date stated above.
1	dive on o programmer, 129-11, and man deam accorded	ADDRESS (Street, city or town, slate) DATE SIGNED
	SIGNATURE STENCH & STENCE M.D. 10	128 CEGARLANE 6-30-59
	PHYSICIAN'S Sarah E. Glover	ensing 70-v, md
2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATO	Y 22d. LOCATION (City, town, or county) (State)
-	Burist July 2, 1959 Warrenton Qe	meters Warrenton Va
2	23. FUNERAL ORECTOR'S SIGNATURE 316 E DADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
-	Montper is withershow me	DATE UL 2 '59 arthur S. Kraus

filled in by the Faneral director, ages 1 and 2 should be filed with oth. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After the prificate has been signed by the attending physician and camp page 3 should be detached for one as the burial-transit permit. Then please remave carban paper the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR VS A15 (4) 15M 10/57



06875

. PLACE OF DEATH				AIE OF DEAII		and the second	Reg. D	ist. No.	. 215	
Montgomer	v		MARYLANE	2. USUAL RESIDENCE (W STATE Virginia	here deceased	lived. If institution b. COUNTY	an: Reside	nce befa	re admiss	sian)
	If outside corporate limit	ts, write c. LEt	NGTH OF STAY IN 1	c. CITY OR TOWN (IF	autside carpoi	rate limits, write R	URAL and	give ned	arest tawr	1)
Bethesda	(Rural)		l days	Arlington		83	X	9		
OR INSTITUTION	AL (If not in hospital, gill Hospital,			d. STREET ADDRESS 2407 North	n Roose	evelt Str	eet			FARM?
NAME OF DECEASED (Type or print)	Margare	,	Middle	BEN'ILEY	4. DATE OF DEATH	Man June		12	,	Year 19 59
. SEX		_	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			IF UND	1
Female	White	WIDOWED 🔀	DIVORCED [26 April 187	72	last birthday) 7 yrs.	Months	Days	Haurs	Min.
Oa. USUAL OCCUPATION during mast af war Housewife	king life, even if retired)	lane 10b. KIND		Scotland	or foreign co	ountry)		U.S.	WHAT	OUNTRY
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
John MEIK	T.E			Elizabeth	PENAN	T				
S. WAS DECEASED EVE	R IN U. S. ARMED FOR		L SECURITY NO.	INFORMANT		Add	ress			
No (Yes, no, or unknown)	(If yes, give war or dates of se	ervice)		Daughter) Edi	th M.	GORDANIE	R S	ame	as #	2
	DUE TO	//							/	
	mmediate the under- CC (c)	Jac	ender	UT NOT RELATED TO THE TERM			'EN IN PA	RT 1(0) 1	9. WAS PERFC	RMED?
gave rise to i cause (a), stating lying couse last. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	mmediate the under- HER SIGNIFICANT CONI SULUMBLE AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	ender HOW INJURY OCCUP	PRED. (Enter nature af injury in	Part I ar Part	t II af item 1B.)			9. WAS PERFC	AUTOPSY PRMED? NO
gave rise to i couse (a), stating lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFE HOUR a.m., p.m.	mmediate the under- HER SIGNIFICANT CONI SULULIA SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE H	OCCURRED Aut while twork	e	Part I ar Part	t II af item 1B.)		RT 1(o) 1	9. WAS PERFC	AUTOPS)

Page 4

y filled in by the funeral directar, Pages 1 and 2 should be filed with

~ithin 24 haurs af

TO HOSPITAL OR FENDING PHYSICIAN: The law requires that the death certificate be executed way be retained by the haspit.

TO FUNERAL DIRECTOR: After the entiticate has been signed by the attending physician and campage 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, the registrar prior to buriol, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/S8

Company of the constitution of the constitutio	T-2 - T-2				
The control of the co		Figure			
The control of the co		The state of the s		V.Y.D.	claim);
SE SANO MAN TANNE (D) SENDER SE SANO MAN TANNE S		en constitu		(1011)	
20 10 11 20 10 11 20 10 11 20 10 11 20 10 11 20 10 11 20 10 11 20 10 11 20 10 11 20 10 11 20 10 11 20 10 11 20 10 10 10 10 10 10 10 10 10 10 10 10 10	assyde .	Sett Horse Economic	Jevinesou 24.	en in the case of the case of	
20 10 10 10 10 10 10 10 10 10 10 10 10 10	S. sujo		()	W.T.	
John Millian (univers) Selica M. Computer Leaving Selica M. Computer Leaving Selica M. Computer Leaving Selica M. S				07201	al me
LEGIO DE LEGIO DE CONTROL CONTROL LEGIO DE CONTROL LEGIO	.B.0	DENT DIRECTOR	n- phot	·d,	22
10 (20.00 M. 200		Line attacement			i wat
The second of th					
The contract of the contract o					
The state of the s					
Bright of Account of the test to the Arms Scripture, and described a company of the state of the					
			29 actions		
	Les sus edus est ed	. Howel Hospitall,		SI SI	

116876

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 4. DATE OF NAME OF Middle First Lost Month Day Year DECEASED DEATH (Type or print) 19 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH Months Dovs Hours Min. WIDOWED A DIVORCED | 10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address lif yes, give wor or dates of service! CAUSE OF DEATH [Enter only one couse per line for.-(a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work of work 21. I certify that I attended the deceased from. _____, 19_2___,that I last saw the deceased DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION. (Stole) REMOVAL (Specify) Rock Creek Cemeterv Washington, D.C. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

JIIN 3

ed 0 o .5 physician hours ottending within p any bec S OR prior should FUNERAL I registror m 0

that the death

0

VS A15 (4)

A MANUAL PARTY		TO HEA	CERTIFIC		
			001/004		XIV ID VIAIT
			1/4		
	York or and the state of the st				Sandr I
				ste Se	
lings who in the state					
					INTERNAL S
				March Street	
of Egiptic Street with sell find an artist sell. I SEAR Street, and a SEAR					
	5.5				
	Control of the second			13	
	w 5				

sose exe	hould b	,	TO FUNERAL DIRECTOR: Page Froud be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian	1
ary. ple	s y ebo		rrial, cr	
P. 65 /35	1	•	or to bu	
elay is	ol direc	r files.	ror pric	
f ony d	funero	or you	e regist	
oth. I	I to the	O	cist. Inc	-
ifter de	puo "	be ret	ond ?	
hours c	les 1, 2	5 may	oges 1	-
hin 24	ive Poc	Page	File p	
fed wit	18. G	m PAA3.	Sermit.	
execu	in Item	ith for	ronsit p	
onld be	pencil	alang w	buriof-t	
tale sho	ni 'gr	Office o	o so p	
certific	pendir	iner's (be used	
R: This	word	Exam	pinous	
AMINE	ing the	Me	age	
AL EX	e, writi	Chief	TOR: 1	
No.	erti	to II.e	L DIRE	1
EPUTY	e the c	worded	JNERA	or removal
0	Tho Tho	for	OF	Or

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6912 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No

-							
	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	0.000 - 100-1	lived. If Institut	Montgo	
	CITY OR TOWN III outside corporate limits, write RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		An Marian make (No.
1	and give nearest town)		C. CITT OK TOWN		-	CONAL ONG GIVE	neorest town,
	Bethesda	D.O.A.	Α	Kenwoo	οα		1
	H. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		pital	5804-B1	rookside	Drive		YES NO
3.	NAME OF First	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) Joseph Devere			DEATH	June	19,	19 59
5.	EX 6. COLOR OR RACE 7. MARR	ED D NEVER MARRIED 8		105 / 9.			IF UNDER 24 HRS.
	M white widows	D DIVORCED	Sept. 26,	306	ost birthdoy) 2775 yrs.	Months Days	Hours Min.
10c	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sid	le or foreign coun	try		F WHAT COUNTRY
(furing most of working life, even if retired)						
12	None FATHER'S NAME	None		ctof Co	lum b i	al U.	S.A.
13.	PATHEK 5 NAME		14. MOTHER'S MAIDEN	NAME			
	Clay Drewry Bla		Agnes	Kem p	Deve	reux	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown] Iff yes, give war or doles of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT O		Address		
	no		Patric	is Dorro	roux-Au	nt	
	18. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]		1.9.		INTE	RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	AUMATIC SHOCK				ONS	ET AND DEATH
	O I G V	201211 10 0110011					sudden
	8/2/ DUE TO	CERATIONS OF LI	VER AND SPI	EEN			
	Conditions, if ony, which gove rise to immediate couse	OWNER LIONS OF TH	VIII MIN DIL				
	(a) stoling the underlying DUE TO	MONEY TEN A COUNTY	א אוויז				
	couse lost. (c) AU	TOMOBILE ACCIDE	INT				
NO	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
Y						1000	YES X NO
CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIE	BE HOW INJURY OCCURRED. (E	nter noture of injury in Po	ort 1 or Port II of i	lem 18.)		
CER	I PRIMARTS ESPOT CONTRIBUTING LEE	donstreetinfron					
		INJURY OCCURRED 200. PLACE		0	town)	(County)	(Stote)
MEDICAL	Pw15 m. PM26/19/59 White	Not while factor	street, office bldg., e	(c.) Kont	oodn n		XX Md.
W					oodii ii	monteg.	A Pid.
	21. I certify that I took charge of the				ection,	Inquiry [, and find that
	death resulted from: Notural causes [, Accident X, Suid	ide 🔲, Homicio	de 🔲, Unde	etermined co	ouse .	
	2						
	SIGNATURE Trans A- 1 2002	she N	M.D CHIEF MEDICAL	EXAMINER			DATE SIGNED
	17		_m.u.	ICAL EXAMINER	1		4
	EXAMINER'S Frank U. Broscha:	rt	DEPUTY MEDICA			6/2	20/59
00.		Ico. Marie Or or constant on			1 1	-4	1
-	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR			N (City, town, a		(State)
-	Burial 6/23/1959	Arlington Na		de la companya della companya della companya de la companya della	ngton		rginia
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS,		C'D BY, REGISTRAR	24b, REGIST	RAR'S SIGNATU	RE
K	obert A. Pumphrey Beth	esda, marylan	DATEL	IN 2 3 '59	0.0	18 K	
							-

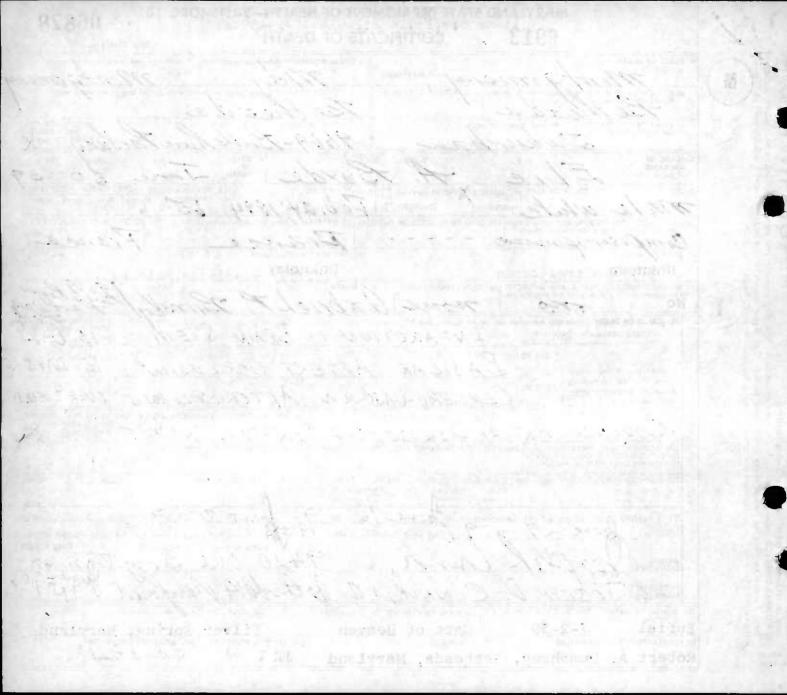
	EVALUATE ALEXANDER AND MANAGEMENT AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF		
		A Part of the last	
	The second of the second secon		
		SE OU CAN MINISTER OF SECURIT	And William William
			From the American Street, Stre
		The second second	
		DAY DESCRIPTION TO SHEET SHEET	
		The state of the state of	Aller and the same of the
		A STATE OF THE PARTY OF	
		And the Land of th	
	A STATE OF THE PARTY OF THE PAR	State of the state	
			All Control of the Co
ml 517		his normalis	0001141111

Robert A. Pumphrey, Bethesda, Maryland

DAJUL 6

VS A1S (4)

15M 9/58



VS A15 (4) 15M 9/SB

11	NI	15
No.	N	
13 8 £		-

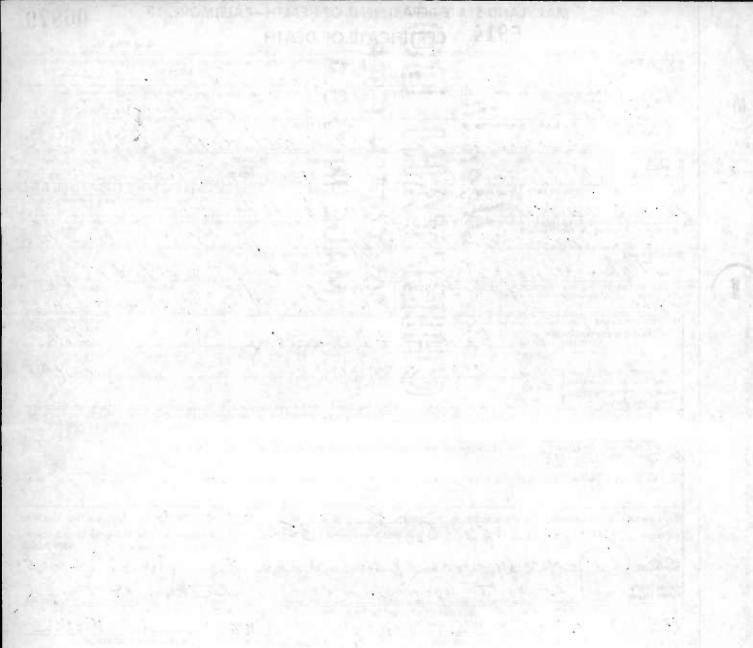
071

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6914

CERTIFICATE OF DEATH

Rea Dist No

	Reg. Dist. 100.
1. PLACE OF DEATH a. COUNTY mon farmery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Declaration	1920 Befment Rd. N.W. YES NOW
3. NAME OF DECEASED (Type or print) William Vincon	+ Borger 4. DATE Month Day Year DEATH June 2/ 1939
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Jery 6 1912 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min. Yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) The formula of the control of the	in Jist. of Co. U.S.A.
13. FATHER'S NAME HENRY BORGEN	M. MOTHER'S MAIDEN NAME THAT MILLER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES! (Yes, no. or unknown) (If yes, give war or dates of service)	Seatlice C. Burger - same
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Jenurhy Interval Between ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) HYPERTE! DUE TO	NO 10 M 10 YRJ
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \ NO \(\bigcap \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while at wark at wark	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City or town) (County) (State)
ACTUAL ACTUAL	accurred at 350 p.M., fram the causes and an the date stated abave. ADDRESS (Street, city ar town, state) DATE SIGNED
SIGNATURE CONTOUNDED TO STORY OF THE SIGNATURE OF THE SIG	AWMS Bilkery 14 horsel
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SULFACE 6/24/59 & MANGE OF CEMETERY OF SULFACE SULF	ry's Washington D. &
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUPERAL PROPERTY SUPERAL SUPERA SUPERA SUPERA SUPERA SUPERA SUPERA SU	14 St DATE JUN 23 '59 Cathy & Know
· Washington	Nº C



HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page-A	
be retained the hospital or attending physician.	
FUNERAL DIRECTOR: After pertificate has been signed by the attending physician and company if illed in by the meral director.	
age 3 shauld be detached far are as the burial-transit permit. Then please remave carbon papes are ages 7 and 2 shauld be filed with	
e registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6915

CERTIFICATE OF DEATH

Hour o. ft. p. m. 19 While of work o					Keg. L	7151. 140.	
## ALGORI GIVE GOLD TO ALL STANDARD TO ALL STA	COUNTY	MARYLAND				ence before admi	ssion)
3. MANNE OF FIRST Middle P. BOWD'SOCK STATE JUNE JUN	b. CITY OR TOWN (If outside corporate limits, write BERAL and give negrest town)		c. CITY OR TOWN (IF o	utside corporate lim	nits, write RURAL and	give nearest tov	vn)
DECEASED PRINT Famy P. BOWOTBOCK DEATH June 30 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. DATE OF BIRTH 9. ACE [In year or load by rinds] WIDOWED 100 DIVORCED 9. OCT. 1870 9. Most [In year or load by rinds] WIDOWED 100 WIDOWED WIDOWED 100 WIDOWED 100 WIDOWED 100 WIDOWED 100 WIDOWED 100 WIDOWED 100 WIDOWED WIDOWED 100 WIDOWED WID	d. NAME OF HOSPITAL III not in hospitol, give stree OR INSTITUTION Subur ban Hosp	oddress) ital	ord teer pote	MORA. 40	00 Cathe	ON	A FARM?
Pemale W. WIDOWED DIVORCED 9 Oct. 1870 Set Stribory Mouths Doys Hour Min.	DECEASED			OF	_		
S. WAS DECEASED EVER N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (p). (b). ond (c).	Female W. WIDO	WED DIVORCED	9 Oct. 187	0 8	birthdoy) Months		-
(Unkown) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? In our substance of the original security no. In one Is an expension of the original security no. In one Is an expension of the original security no. In one Is an expension of the original security no. In one Is an expension of the original security no. In one Is an expension of the original security no. In original security no. Interval by the original security of the original security no. Interval by the original security of the origin	during most of working life, even if refired)	None			12. C		T COUNTRY?
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).		Pickering					
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	(Yes, no, or unknown) (If yes, give war or dates of service)			730 15		Wash.	D. C
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote foctory, street, office bldg., etc.) 21. I certify that I attended the deceased from foctory, street, office bldg., etc.) 21. I certify that I attended the deceased from foctory, street, office bldg., etc.) 22. I certify that I attended the deceased from foctory, street, office bldg., etc.) 23. I certify that I attended the deceased from foctory, street, office bldg., etc.) 24. I certify that I attended the deceased from foctory, street, office bldg., etc.) 25. In from the causes and on the date stated above ADDRESS (Street, city or town, stote) 26. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO Conditions, if any, which gove rise to immediate (b) DUE TO (c)				OUTONI CIVEN IN DA	07 1/2 10 WAS	AUTOREV
21. I certify that I attended the deceased from fine LO, 1958, to fine 30, 1959, that I last saw the decease alive on fine 29, and that death occurred at 120 M, from the causes and on the date stated about ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) Seruch T. Kimble, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tic fact	delace.			PERF	ORMED?
alive on file 29, and that death occurred at 720 M, from the causes and on the date stated about ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) Seruch T. Kimble, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. ft. p. m. 19 Whi	e _ Not while _ fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or tow	n)	(County)	(Stote)
Cffenyatron July 1st. 1959 - Lees Crematorium Washington D.C.	actual signature Seruch T. Kin Physician's NAME (Type) Seruch T. Kin 220. Burial, CREMATION, 226. DATE THEREOF	able, M.D.	M.D. 2299	M, from the ADDRESS (Street, ci	causes and on by or town, stote)	ing Ind	ed abave ATE SIGNED 30 Jun

TE OF DEATH HEAD TO TO	ALS CERTIFICA	
	Total	at automatic and a state of
	eved to	
9 000.1100 00 88 00 000.750.9		
		The Manne
E. Chaldon 7:0 ls th. Lt. Mann. H. U	L Saon	THE BEST OF THE SECOND
		100000000000000000000000000000000000000
		Alexander and the
	HATCH LINE STANDARDS	
	parties to Live of	placed Extension 1 to 00 of 1848 \$1.72 and and and are selected as a sel
		Courses Security 2.
The state of the s	是"是"的"一个"(E	THE RESERVE AND THE RESERVE
The second secon		an commercial and the second

filed with Page 4 in by the funeral director, and 2 shauld be filed with

filled Poges 1 page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon-papers, the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. may be retained on the haspite attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the ottending physician and camp page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers.

PHYSICIAN: The law requires that the death certificate be executed

ENDING TO HOSPITAL

VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06881 6916 CERTIFICATE OF DEATH

0010 CIN	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE b. COUNTY
Montgomery	Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
4204 Stanford Street	4204 Stanford Street YES □ NOX
3. NAME OF DECEASED (Type or print) First Midd MAY MOORE	le Last 4. DATE Month Day Yeor OF DEATH 6 17 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARI	PIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED X DIVORG	Months Drys Hours Min.
00. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) Housewife Own Home	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William K. Bowman	Ida Creamer
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	O. INFORMANT Address Bowman H Moore-son-same as 2d
No None	
18. CAUSE OF DEATH [Enter only one cause per line fer (o), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	asotic Algart Slores Interval Between ONSET AND DEATH
444X DUE TO 37 / A	
Conditions, if ony, which) (b) Als here the	wassing 10 yr +
gave rise to immediate Couse (o), stoting the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMINAY DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{VEX.} \) YES \(\text{VEX.} \) YES \(\text{VEX.} \) NO \(\text{VEX.} \)
20a. ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from.	as 1946 to Jone 12, 1959 that I last saw the deceased
4-3	at death accurred at 6 .M. M, fram the causes and an the date stated above
A R Hed by con	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE George R. Huffman	M.D. 1912 R. Street, N. W. 6/17/59
PHYSICIAN'S Stronge R. Huffma	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	METERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 6/19/59 Ft. Li	ncoln Cem. Prince George Co. Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda	. Maryland DATE JUN 1 9 '59 Onthin S. Knows

HAZE TO STRUKENESS STEE

tor				
	A PARTY VICE			
120	Name of the state		DESTRUCTION OF	di eule
		A MORE	No Paristing	
	Depart, Compete		Richard Allen	
0.00	\$ 7.7 .mays.	Smorth divi		Livroniful
	Tamen Inc.		ne ted All	
# 55 Va	шая-под-отой» в иза			
			Service of the	
	17 - 3	-55		
B	in All v. accept, a.		rting in such	
ALC:	DU 2 3 12 1	Ti. Jugarin	75/5-/	
		cripting, the	L Sprifer	e_trops_

M

051

2

leath. Page 4

within 24 hours a

PHYSICIAN: The law requires that the deoth certificate be executed

ENDING

TO HOSPITAL O

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116882

6917 CERTIFICATE OF DEATH

Rea			21	5
Rea	Dist	No	Gu sh	. 1

1. PLACE OF DEATH										
MOI	tgomery	MARY		o. STATE Virgin:	here deceased liv	ed. If institution b. COUNTY		nce befor	e admiss	ion)
RURAL and give n	If outside corporate limits, write eorest town), esda (Rural)	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If a		limits, write R	URAL ond	give nea	rest town) /
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give street aval Hospital,]	oddress)	и.	d. STREET ADDRESS	Nelson	Avenue		-		FARM?
3. NAME OF	-	-	u •		1			1		NO 🔀
(Type or print)	Deborah	Ann		BROOKS	4. DATE OF DEATH	Ju.		10		959
5. SEX Female	6. COLOR OR RACE 7. MARK			PATE OF BIRTH 28 April 19		AGE (In years lost birthdoy) yrs.	Months 1	DOY'S	Hours Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of wor None	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS O	R INDUSTRY	Virgini		Γγ)	12.CIT	U.S		OUNTRY?
13. FATHER'S NAME	70 02 71		1	4. MOTHER'S MAIDEN	NAME					
Thomas M	. Brooks			Florence	e Bond					
15. WAS DECEASED EVE		SOCIAL SECURITY NO.		ther) Mrs.	Florence	Adde Brook		me a	s #2	
101.3	DUE-TO.									
Conditions, if of gove rise to it couse (o), stoting lying couse lost. PART II. OTI	mmediote the under (c) HER SIGNIFICANT CONDITIONS (Extraphy CONTRIBUTING TO DEA	of .	bladder OT RELATED TO THE TERM	(Cong	enital DIVIDITION GIV	O)	RT 1(o) 19	PERFO	NUTOPSY RMED?
Z OLL ZOOR ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO CC HER SIGNIFICANT CONDITIONS CO AS UNDERLYING CO CAUSE OF DEATH MEDICAL EXAMINER RY Month, Doy, Year 20d. III	CRIBE HOW INJURY OF	CCURRED. (E	Enter noture of injury in OF INJURY (Home, form	Port I or Port II o	of item 1B.)		RT 1(o) 15	PERFO	RMED?
gove rise to it couse (a), stoting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO CO HER SIGNIFICANT CONDITIONS (C) AS UNDERLYING (C) CAUSE OF DEATH MEDICAL EXAMINER) EY Month, Doy, Year 20d. II White	CRIBE HOW INJURY OF	CCURRED. (E	Enter noture of injury in	Port I or Port II o	of item 1B.)			PERFO	NO
PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the alive on 10 ACTUAL SIGNATURE PHYSICIAN'S TO	DUE TO (c) HER SIGNIFICANT CONDITIONS (C) AS UNDERLYING (C) AN ONLY MEDICAL EXAMINER) RY Month, Doy, Year (C) 19 of wor (C) That I attended the decease (C) That I attended (C)	CRIBE HOW INJURY OF NJURY OCCURRED Not while ot work of work	20e. PLACE foctory death ac	OF INJURY (Home, form, street, office bldg., etc., 1959, ta. 1.	Port I or Port II or P	town) 1959, causes an, city or town, all, Bet	that I ke d an th stote) hesds	County) ast saw e date	the destated	(Stote)
Sove rise to it couse (a), stoting lying couse lost. PART II. OTI PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUE Hour o.m. p.m. 21. I certify the alive on 10 ACTUAL SIGNATURE	DUE TO (c) HER SIGNIFICANT CONDITIONS (C) AS UNDERLYING S CAUSE OF DEATH MEDICAL EXAMINER) LOWER SIGNIFICANT CONDITIONS (C) AS UNDERLYING S CAUSE OF DEATH MEDICAL EXAMINER) While of wor and I attended the decease June , 19 L. WALTON LT SN, 22b. DATE THEREOF	CRIBE HOW INJURY OF NJURY OCCURRED Not while ot work of work	CCURRED. (E 20e. PLACE foctory death ac M.D	OF INJURY (Home, form, street, office bldg., etc., 19 59, to 1 ccurred at 3:35A	Port I or Port II on Port II on Port II or P	town) 1959, causes an, city or town, al, Bet	that I lod an the state) he sale e the s	County) ast saw e date Md.	the destated DATE	(Stote) eceased abave.

COLT. CEPTERAL OF DEATH

	Meterry		giangh	1 1 1/2
	Attount.	avel 45	(-020)	
	eyo contoni a cly	्यो स्थान	a , iariaco, Lean	
	a li di dizioni		Danie of	
	550° TTANT BB		502005020	
e - e -	Cardon SV			pack
	and speared FE		5.7.7	
Skipping Ka Kaling	Monter) Are exceeded Ber			
1.91 16651.00				

eath. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

he haspital

TO FUNERAL DIRECTOR: After to page 3 should be detached for

VS A15 (4) 1SM 10/57

V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6918 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Rea. Dist. No.

06883

1. PLACE OF DEATH a. COUNTY Montgome	ery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE District o	ere deceased	lived. If institution to country imbia	an: Residence bef	fare odmissian)
b. CITY OR TOWN (RURAL and give n	If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corpor	ate limits, write Rl	URAL and give n	earest tawn)
Bethesda		43 days	Washington		47	X-3	
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give stree	t address)	d. STREET ADDRESS				e. IS RESIDENCE
	ical Center, Be	ethesda 14, Md.	4007 Conne	cticut	Avenue,	N. W.	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	th D	Day Year
(Type ar print)	Marion	(None)	Brooks	DEATH	June		3, 1959
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9	9. AGE (In years last birthday)		R IF UNDER 24 HRS.
Female	White WIDOV	VED DIVORCED	15 March 1902		57 yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPATION	ON (Give kind af work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar fareign co	untry)	12. CITIZEN	OF WHAT COUNTRY
Secretar		inance Corporat	tion New	York		U.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
Francis	Brooks		Mary McArd	le			
	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT The Med		lecord Addr	ess	
No No	(If yes, give war or dates of service)		ne Clinical Ce				ryland
Canditians, if a gave rise to i cause (a), stating lying cause last. PART 11. OTI	mmediate (DUE TO		Caverno ma				9 was AUTOPSY
ICATI							PERFORMED?
	AS UNDERLYING (1) 20b. DE: CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part	Il of item 1B.)		
20c. TIME OF INJUR Hour a. m. p. m.	While		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)		or tawn)	(County	(Stote)
actual SIGNATURE	Achard H. Moy,		accurred at 6:20A The Clinic	al Cen nstitu	the causes a set, city or town, ster	nd on the do	saw the deceased ate stated abave DATE SIGNED
Burial		Oak Hill (on (City, tawn, a		(State)
23. FUNERAL DIRECTOR		ADDRESS 756 Pa. Ave.N		BY REGISTR		TRAR'S SIGNATU	

VS A15 (4) 1SM 10/57

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116884

CERTIFICATE OF DEATH 6919

Rea Dist No

-				- 0					Keg. Di	31. 140.		
1.	PLACE OF DEATH D. COUNTY MOT	ntgomery		MARYLAND	a. STATE	Maryla	here deceased live	ed. If institution b. COUNTY		tgon		sion)
	b. CITY OR TOWN (RURAL and give n	f autside carporate limi earest town) Olney	ls, write	c. LENGTH OF STAY IN 16		TOWN (If	outside corporate	limits, write RU				n)
	OR INSTITUTION	'AL (If not in hospital, g		address)	d. STREET	ADDRESS					ON	SIDENCE A FARM?
M	ontgomery	County Gen	eral	Hospital, Inc							YES	NO 📉
1	NAME OF DECEASED (Type or print)	Fir Be	ulah	Middle Loui		m.	4. DATE OF DEATH	Mont	h ll.	Day	y	Year 19 59
5. 5	SEX	6. COLOR OR RACE	7. MADE	RIED NEVER MARRIED	B. DATE OF BIR		19/	GE (In years		1 YEAR	IF LIND	ER 24 HRS.
	Female	White	WIDOWI	ED DIVORCED	12.18	.81	1	ost birthday) 77 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATION	ON (Give kind of work of king life, even if retired)	ione 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHE	PLACE (Stote	or foreign countr	וץ	12. CI	IZEN O	F WHA	COUNTRY
13		asewife			Mar 14. MOTHER	yland	*****			U.	S.	Α.
1.0.	TAITIER 3 NAME											
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	Gartrell SOCIAL SECURITY NO. 17.	INFORMANT	lirgin:	ia Groom	Addr	ess			
(Yes	s, no, or unknown)	(If yes, give war or dates of u	ervice)		77	44-7	0					
_				he for (o). (b), and (c).)	Hosp	oltal .	Records					
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ny, which mmediate	1	epticen	ia lone pri	hites	wi	th -	rur			DEATH
7	lying cause last.	(c	at	seess- 6	Eccell	nec	cioles	ing	Cy	Pil	in	
CATIO	PART II. OT	Billiter	all	Bron (thou the	2 THE TERMI	INAL DISEASE CO	INDITION GIVI	EN INPAR	T 1(o) 19	PERFO	AUTOPSY DRMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature	of injury in I	Port I or Port II o	f item 18.)				
MEDICAL CERTIFICATION	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	While	NJURY OCCURRED 20e. P	LACE OF INJURY actory, street, affic	(Home, farm ce bldg., etc.	20f. (City or t	own)	(6	County)		(Stote)
	21. I certify the	ot I attended the	decease	7	, 19	S. to	6/11/	1959	,that I	last sa	w the	deceased
	ACTUAL SIGNATURE	MB	1	, and mar dean	M.D. S		ADDRESS (Street,			ne dat		ATE SIGNED
	PHYSICIAN'S NAME (Type)	I. W. Bird.	M	0		S	andy Spr	ring, M	aryla	nd		, ,
22o	BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION				(Stat	le)
	Burial	June 1	3	Mt. Carme	1		Sunsi	nine			Md	
23.	EURERAL DIRECTOR	s signature	La	ADDRESS Lytonsville.	Md.		D BY REGISTRAR JN 1 5 '59	24b. REGIS	TRAR'S SIC		E	
						JANE		-	1 2	. / Cras	W.All.	

			A CHOST HAR
		THE LAST OF LAND	
	Control of the contro		
St. all . H.			
		Lieuran . Alex	
	Color of the Color of the page of the color		

06885 Reg. Dist. No. 215

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES K. NO

> > (State)

DATE SIGNED

(Stote)

Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

Days

(County)

Months

e. IS RESIDENCE

ON A FARM?

YES NO

Year

1959

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Salt Lake City MARYLAND Montgomery b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) days Salt Lake City Bethesda (Rural d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 930 W. North Temple S. Naval Hospital NAME OF Middle 4. DATE Month DECEASED OF (Type or print) BROWN DEATH James William June 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) 7-18-23 WIDOWED [7] DIVORCED | Male Caucasian 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) U. S. Navy Colorado Mariner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Estella REESE Foster BROWN IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address to DOD 561-26-5416 Mrs. Louella C. Brown, same as Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. & SEPTICEMIA DUE TO KAPENIA & APLASTIC Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH ARCINOMA OF TESTES. MEDICAL 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.) 0. m While Not while of work of work 21. I certify that I attended the deceased from March 27 June 23 19 59 ta 19.59 that I last saw the deceased and that death accurred at 5:45AM, from the causes and an the date stated above alive an__ ADDRESS (Street, city or town, stote) ACTUAL U. S. Naval Hospital SIGNATURE PHYSICIAN'S Caldwell, LT. MC. USN Bethesda, NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Fort Douglas 6-28-59 Burial-Shipment Army Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Wisc. Ave, NW, Washington por JUN 2 9 '59 arthur & Kraus

director, with

ed

Œ

Funeral Pe should the by ono .= filled papers. pup physician remove attending ā P permit. ertificate has been signed burial-transit ottending physician

offer

hat

pup

SO

for

cremati use

prior

registrar

Funeral

be detached FUNERAL DIRECTOR: A soge 3 should be detach the poge may 0 0 VS A15 (4)

1SM 9/58

haspi

with and wind the 3.1 (2010 all 4.30 and 60 cuts (2010) a.g. (2010)

and the second state of the second second

medical was a special contract of the contract

. I. Harr Colorado L. H. Harriston L. Colorado

The Section of the Se

Later of the second of 7 than the second

AND THE RELEASE OF THE PARTY OF EXECUTE OF THE SECOND OF THE SECOND S

型的价值。只是这位是为国际,是对于一个工程的证明。

*2000-1000

The state of the s

Carbain and American American

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6875 CERTIFICATE OF DEATH

8 116886 Reg. Dist. No.

1-			
1.	PLACE OF DEATH O. COUNTY MORYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution; Residence o. STATE D. COUNTY	before admission)
Γ	b. CITY OR TOWN (If outside corporate timits, write LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gla	ve nearest town)
Ľ	Takoma fark 7 days	Liashington . 4/x.	- 3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Wash Inctin Saw & Hospital	1300 Vermont Ae N.W	o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) Middle Lee	Bunch 4. DATE Month OF DEATH	Doy Yeor 2/ 1959
5.	female 6. COLOR OR RACE MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If UNDER 1 lost birthfloy) Months D	YEAR IF UNDER 24 HRS. Days Hours Min.
10	to. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even il retired)		EN OF WHAT COUNTRY
13	FATHER'S NAME James Chandler	14. MOTHER'S MAIDEN NAME	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address USband + old 111.5 H Re	cords
F	18. CAUSE OF DEATH [Enter only ane couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Leclusian'	INTERVAL BETWEEN ONSET AND DEATH
١	Conditions, if ony, which) (b) The Dey My view	detes livens	1/7/59.
	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (e) Flever Lee Cur	umia -	111
CATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CFRTE	200. ACCIDENT WAS UNDERLYING 2] OR CONTRIBUTING D. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Port I or Port II af item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. P While of work of work	PLACE OF INJURY (Home, forme; 20f. (City or tawn) (Coaclary, street, affice bldg., etc.)	unty) (State)
	21. I certify that I attended the deceased from // alive an 121, 195 , and that deat	. / 03:0/	ist saw the decease a date stated above
	ACTUAL Howard Thurse	M.D. 7030 Carroll (we	6/2/ 59
1	PHYSICIAN'S NAME (Type)	Takan Parky Mcl	(((
27	Removal (Specify) 226, DATE THEREOF 22c. NAME OF CEMETRES	OR CREMATORY (2d. LOCATION (City, town, or county)	MS(Stote)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 421791	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN DATE UN 2 4'59 Orthug & to	

y filled in by the toneral director, Pages 1 and 2 shauld be filed with rificate has been signed by the attending physician and comins the burial-transit permit. Then please remove carbon paperon, or removal, and in any event within 72 hours ofter death. the registrar prior to burial, cremation, page 3 should be detached far may be retained the hospit TO FUNERAL DIRECTOR: After VS A1S (4) 15M 9/S5

oth. Page 4

requires that the death certificate be executed within 24 hours af

TO HOSPITAL OR

M

073

ALCOHOL:	HTARE TO BY	ADDITION TO THE	
And the second			
	1 1 1 1 1 1 1 1		
	温光之子		
34 34 47			DESTRUCTION OF STREET, LANS.
Control of the Contro			es began l'use plose : l' - No - No - No - No - No - No - No
	o o sa di Gilion		
	A THE RESERVE OF THE PARTY OF T		Manual Region when

TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours of the death. Page 4 may be retained the hospital or attending physician. TO FUNERAL DIRECTOR: After it inflicate has been signed by the attending physician and camp filled in by the takeral director, page 3 should be detached for a sine burial-transit permit. Then please remove carbon papers, ragges 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.			
TO HOSPITAL OR LITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death may be retained. The hospital or attending physician. TO FUNERAL DIRECTOR: After it inflicate has been signed by the attending physician and compound in by the referral page 3 should be detached for the burial-transit permit. Then please remove carbon papers: rages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.	Poge 4	director,	1
TO HOSPITAL OR LITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often may be retained. The hospital or attending physician. TO FUNERAL DIRECTOR: After it in initiate has been signed by the attending physician and camped from the filled in by the page 3 shauld be detached far the same as the burial-transit permit. Then please remave carban papers: Pages 1 and 2 shifter registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	pr death	renerol	-
TO HOSPITAL OR LITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 is may be retained. The hospital or attending physician. TO FUNERAL DIRECTOR: After it inflicate has been signed by the attending physician and camped page 3 shauld be detached for the burial-transit permit. Then please remove carban popers, roges 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.	fours of	in by the	
TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed we may be retained. The hospital or attending physician. TO FUNERAL DIRECTOR: After it in this permit is a second by the attending physician and camp page 3 shauld be detached for as the burial-transit permit. Then please remove carban papers, the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.	ithin 24	y filled	,
TO HOSPITAL OR LITENDING PHYSICIAN: The low requires that the death certificate be exempty be retained. The hospital or attending physician. TO FUNERAL DIRECTOR: After it intificate has been signed by the attending physician and page 3 shauld be detached for the standard of the burial-transit permit. Then please remove carban if the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after decided.	w betune	comp copers.	oth.
TO HOSPITAL OR LITENDING PHYSICIAN: The low requires that the death certifical may be retained the hospital or attending physician. TO FUNERAL DIRECTOR: After it inflicate has been signed by the attending physic page 3 shauld be detached for as the burial-transit permit. Then please remave the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs	te be exe	ion and	ofter dec
TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death may be retained. The hospital or attending physician. TO FUNERAL DIRECTOR: After it inflicate has been signed by the attending page 3 shauld be detached far as the burial-transit permit. Then please the registrar prior to burial, cremation, ar removal, and in any event within	certifico	ng physic remove	72 hours
TO HOSPITAL OR LITENDING PHYSICIAN: The low requires that the may be retained the hospital or attending physician. TO FUNERAL DIRECTOR: After it in trifficate has been signed by the page 3 shauld be detached far as the burial-transit permit. The the registrar prior to burial, crematian, ar removal, and in any ever	he death	attendir	it within
TO HOSPITAL OR LITENDING PHYSICIAN: The low requirement may be retained. The hospital or attending physician. TO FUNERAL DIRECTOR: After it infificate has been signing page 3 shauld be detoched for the burial-transit per the registrar prior to burial, cremation, ar removal, and in	es that t	ed by the	any ever
TO HOSPITAL OR ATTENDING PHYSICIAN: The lomoy be retained the hospital or attending physical page 3 should be detached for the state burial-title registrar prior to burial, crematian, ar removal	w requir	een sign	, and in
TO HOSPITAL OR ATTENDING PHYSICIAN may be retained. The hospital or attend TO FUNERAL DIRECTOR: After it riffice page 3 shauld be detached far as the the registrar prior to burial, cremation, and	4: The lo	ding physote has be	remova
TO HOSPITAL OR LITENDING PI may be retained the hospital TO FUNERAL DIRECTOR: After it page 3 shauld be detached far the registrar prior to burial, cren	HYSICIA	or attender triffice as the	nation, a
TO HOSPITAL OR ATTEN may be retained the TO FUNERAL DIRECTOR: page 3 shauld be detoc the registrar prior to bu	DING PI	After if hed for	riol, cren
TO HOSPITAL O may be retaine TO FUNERAL DII page 3 shauld the registrar pr	R ATTEN	RECTOR: be detoc	ior to bu
TO HOS moy b TO FUN page	PITAL O	ERAL DII	gistrar pr
	TO HOS	TO FUN	the re

V\$ A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

06887

1. PLACE OF DEATH a. COUNTY MONTGOMERY	•		MARYLAND	1 .5	JSUAL RESIDENCE (W I. STATE ARYLAND	/here decease	d lived. If institution b. COUNTY MON	an: Residen		e admission)
b. CITY OR TOWN (I RURAL and give no OLNEY	f autside corporate lim earest tawn)	its, write	c. LENGTH OF STAY IN 16	11.7	E. CITY OR TOWN (IF	outside carpo		URAL and	give nea	rest town)
OR INSTITUTION	AL (If not in hospital,			7	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NOXX
3. NAME OF DECEASED (Type or print)	Fi CL I	FTON	Middle WALTER		BURRISS	4. DATE OF DEATH	Man Ju		Doy 24	
5. SEX MALE	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. DA	TE OF BIRTH /27 /12	18.5	9. AGE (In years lost birthday) 47 yrs.	IF UNDER Manths	1 YEAR Days	IF UNDER 24 HRS. Haurs Min.
auring mast at war	ON (Give kind of work king life, even if retired ON ATTENDEN)	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stole MARYLAND		auntry)	12. CIT	USA	F WHAT COUNTRY
13. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
FRANK WA	LTER BURRI	SS			NORAELLE	N BURR	ISS			
15. WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give war or dates of	CES? 16.	SOCIAL SECURITY NO. 17.	INFOR	MANT OSPITAL RE	CORDS	Add	LNEY,	Mp.	
200. ACCIDENT WA	the under- DUE TO HER SIGNIFICANT CON	DITIONS C	CRIBE HOW INJURY OCCURR					EN IN PART	11(a) 15	P. WAS AUTOPSY PERFORMED? YES NO
20c, TIME OF INJUR Havr a. m. p. m.		While	NJURY OCCURRED 20e. P	PLACE Cactory,	F INJURY (Home, form street, office bldg., etc.	m, 20f. (City	or lawn)	(0	County)	(State)
21. I certify the alive an	at I attended the	7.4	39, and that dear	h acc	1959, to purred at 4.46 Rocky	ADDRESS (S		ind an th	e dat	w the deceased e stated above parts signed
220. BURIAL, CREMATIO	N, 22b. DATE THEREC		22c. NAME OF CEMETERY Brookevil	OR CRE		22d. LOCA	TION (City, tawn, o	or county)	/_	(State)
23 PUNERAL DIRECTOR		2	ADDRESS Laytonsvil	le,	24a. REC	JUN 2 9	TRAR 24b. REGIS	STRAR'S SIC		E

	HIARO PO STATE				
				Maria Control	
· ·					
			1 3		
		14.000			
	3 AVXVE	ELECTIONS.			
		Abena			
	SHALL BELL				
	erisani/ miles pi	7 15 7			
	AND LOCAL CO.				
生 等 州 告 州 经		-	0-45		
			0.64		

\$1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6876 CERTIFICATE OF DEATH

06888

Reg. Dist. No.

	Neg. Dist. 110,
PLACE OF DEATH O. COUNTY MARYL MARYL	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE b. COUNTY
Mentachera	Orginia
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takoma Park Ino. + 16	dat Arlington 83x-3
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION)	1/15 41 11 dea 51 on A FARM?
Washington Jah. 4 HOSPITAL	1413 N. Hudson Street YES NO
NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) (9 MACP (AKYA)/P	Burton DEATH June 20, 1950
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIES	Grand and the second
A STATE OF THE STA	last birthdoy) Months Days Hours Min
remale W WIDOWED DIVORCED	
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	R INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
L .	Virginia UisiA.
HOUSPLUIFE	14. MOTHER'S MAIDEN NAME
- A	14. MOTHER S MAIDEIN NAME
Inomas S. Cousins	1505a- Iraulor
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
Yes, no, or unknown) (If yes, give wor or dates of service)	1/2
ρ	<u>Unari</u>
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o) 1/40 BALL	isce your rate of they
450.0 DUE TO	0 1
Conditions, if ony, which) (b) (Meriose	leroses years
gove rise to immediate (
luing cours last	
(0)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
S Xeft Cerebral	refareleon + Hy pertension YES 12 NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA CONTRIBUTING TO DEA 200. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCUMRED. (Enter noture of injury in Port I of Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	
	20e. PLACE OF INJURY Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) !
Hour o. m. While Not while of work of work	the state of the s
, , , , , , , , , , , , , , , , , , ,	
21. I certify that I ottended the deceased from.	1940, to the 20, 1959, that I last saw the decease
alive on June 19, 1959, and that	death occurred at 2.4.7.M, from the causes and on the date stated above
	ADDRESS (Street, city or town, state) DATE SIGN
ACTUAL PROST AT ATTOR	1 .11 - to Of T. TDMI
SIGNATURE 10700 UN CONE	M.D. 1000 Carrice ave, 1, 1, 179 6/201
BUYERIANIE DI 1 M 1	A/A
PHYSICIAN'S RODERT A. Hare	/ MD,
	TERY OR CREMATORY 22d, LOCATION (City, town, or county) (State)
REMOVAL (Specify)	TERY OR CREMATORY 22d. LOCATION (City, town, ar county) (State)
CURIALD HUNE STITEY HOLDINGS	OP CHATEKY KICHNOND, //A-
ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
ELARAMA VITAL DA DESCONORDE	1 1 MM 1. DATEUN 2 2 '59 Ciriling S. Kraus
A CONTRACTOR / SOFT AND AND CONTRACTOR	LAT DATE

filled in by the tyneral director, ages I and 2 shauld be filed with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft ritificate has been signed by the attending physician and camples the burial-transit permit. Then please remaye carbon, papers on, or remayal, and in any event within 72 haurs, offer death. may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After it initiate has been signed by the attending physic page 3 shauld be detached for the burial-transit permit. Then please remave the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs, VS A15 (4) 15M 10/57

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
(ME) -		Weight - 3th 113 6922CERTIFICATE OF DEATH Reg. Dist	116889 I. No.
director,	1.	PLACE OF DEATH o. COUNTY Onlessery MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of ST	e before admission)
funeral old be t		b. CITY OR TOWN (If dutside corporate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Substituting	ve nearest tolvn)
by the d 2 sho		d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Sububan Hospital 10807 Huntley Pla	e. IS RESIDENCE ON A FARM? YES NO
n 24 ha filled in ges 1 an		NAME OF DECEASED (Type or print) Name OF Last 4. DATE OF DEATH JUNE	Day Year
p fi	5.	THE THE THE TRANSPORT OF THE TRANSPORT O	YEAR IF UNDER 24 HRS
nd camp defth.	100	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. CITIZ HARY LAND	- 5.4.
sician a	13.	Robert FRANCIS BUSSINK BENETHA DYNOSIA	AUTH
n certifical ing physic e remave 72 haurs		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT [If yes, give wor or dates of service] [If yes, give wor or dates of service] [If yes, give wor or dates of service]	
attendi		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	INTERVAL BETWEEN ONSET AND DEATH
es that the id by the mit. The any even		762.5 DUE TO Conditions, if ony, which) (b) Consendal adulchasis	
requires		gove rise to immediate couse (a), stating the under: lying couse lost. Cc Cc Cc Cc Cc Cc Cc C	
physicinas beer rial-fran	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELETED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
tending ficate by the bur	L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
PHYSIC Tuse as ematian	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo	ounty) (Stote
After haspithed for		21. I certify that I attended the deceased from	
ECTOR:		ACTUAL SIGNATURE ACTUAL S. Stauton. M.D. 809 Viers kulf Red Roc	GA DATE SIGNE
TAL OR retained (AL DIREC shauld be itrar priar		PHYSICIAN'S STANTON MD	
D HOSPIT may be re page 3 sh the registr	220	DE BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) Out Olivet Cem Washing to	(State)
VS A15 (4) 15M 9/58	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE FLAMES FOR STAND ON THE STAND ST	
	0	2074377XV2	

TENER IN Carifer 3 16- 11-2 Mayland hisigoney Mortg. non "School spring" Prachenelin 1000) Heritle place Select High 1303516 Just 10 39 Male 6 Jens 10" 439 Mary band 6.3.4 Mobut Francis Bussink Bereitty Dynosin Hit Do :141.0.4. June 10 39 June 10 39 June 10 39 309 Viers lender the Printil The many the to the same of JA. 155 Signion 70 English Commence of the Commen

06890

Day

e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

(Stote)

(County)

Orthun S. Traus

DATE JUN 1 9 '59

ON A FARM?

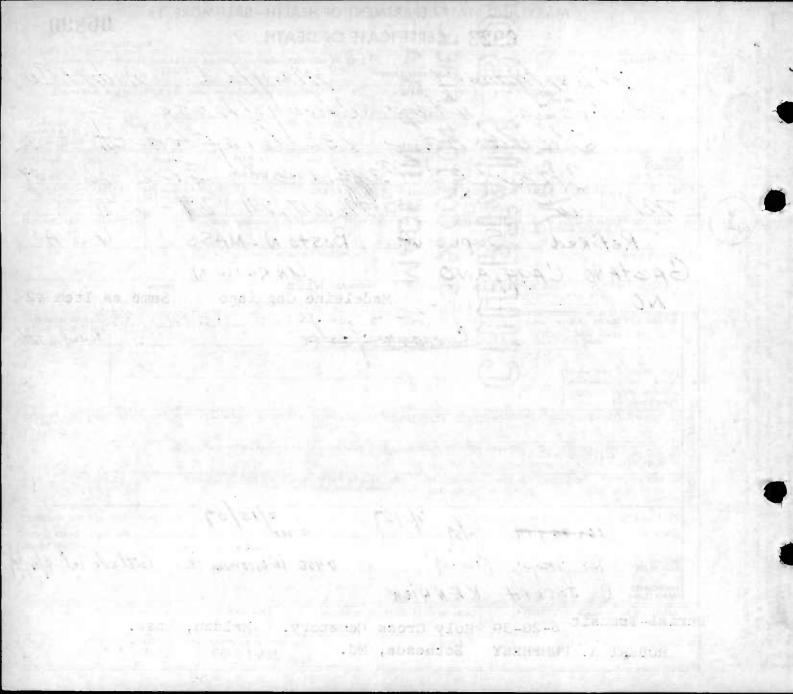
YES NO

Year

19.5

0

VS A1S (4) 1SM 9/S8



06891 **CERTIFICATE OF DEATH** Reg. Dist. No. director, with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND apmins erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? anulatill YES NO NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days Hours Min. · ma WIDOWED [DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during-most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT /Address 18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (6) **DUE TO** Canditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) 0. /1. While Not while of work of work 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death occurred at 7 49 alive on 1M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) **DATE SIGNED** ACTUAL should PHYSICIAN'S NAME (Type) n 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		ADRIVADO 1803	
	TOTAL T		
The Roman State of the State of	Three reports of the control of the		
The second second second			
	400		
	4	The All early baseons and bibliograph files	to to Company
		PHANAS ATSHA	13HBtron
155	K Denne		Nest Mark
	SELECTION SERVICE		

			MARY		STATE DEPAR				ORE, 18	3		
-				692	5 CERTIFI	CATE O	F DEAT	Ή		Reg. Dist. N	892	
)	1. P	LACE OF DEATH COUNTY Montgor	mery	W.	MARYLAI	CTAT	RESIDENCE (V arylan	Vhere deceased lived		Residence be		
	t Cit		N (If outside corporate li e nearest town)	mits, write	6 Month	C. CITY		outside corporate li				
X	-	OR INSTITUTIO	SPITAL (If nat in haspital,		l address)	d. STRE	ET ADDRESS	lworth Di	rive		e. IS RESIDER ON A FAI YES N	
	3. N	IAME OF DECEASED Type or print)		irst	M. CA	REY	Lost	4. DATE OF DEATH JU	Month		Day Year	59
	s. s	emale	6. COLOR OR RACI	7. MARRI	D NEVER MARRIED	-	-	las		Months 295	Hours	Min.
	10a.	USUAL OCCUPA during mast of w Housev	working life, even if retire	k done 10b. 1	KIND OF BUSINESS OR I	TN.	THPLACE (Stor			12. CITIZEN O	OF WHAT COU	NTRY?
	13.	ATHER'S NAME	Clela	and		Elle	ER'S MAIDEN	NAME		ed)		
		WAS DECEASED E	EVER IN U. S. ARMED FO	f service)	None	Willar	d F. C	arey-Iten	Addres	55		
		PART I. C. 153. Conditions, if gave rise to cause (o), statillying couse lo	ng the <u>under-</u> DUE 1	(b) Co	relasts	the Ca	dal			Or	NSET AND DE	
0	FICATION				ONTRIBUTING TO DEATH					N IN PART 1(o)	19. WAS AUT PERFORME YES N	ED?
			WAS UNDERLYING NG CAUSE OF DEATH OF MEDICAL EXAMINER									
	MEDICAL	20c. TIME OF INJ Hour a. r p. r	m. 10	While	Not while	foctory, street,	office bldg., e	rm, 20f. (City or to	wn)	(County	()	(State)
		21. I certify alive on	that I attended the	e decease , 19_ <u>s</u>		271, 19	1 00 -	P.M. from the a	causes and	an the da	te stated al	bove
1		PHYSICIAN'S NAME (Type)	W. T. Joy	ce 81	106 Maple R	idge Av	enue,	Bethesda	, Md.			
		BURIAL, CREMA			Parklawn	or Cremator	RY Pry	22d. LOCATION (City, town, or	Mary	(State)	
	23.	ROBERT	OR'S SIGNATURE		ADDRESS		24g. RE	C'D BY REGISTRAR	24b. REGIST	RAR'S SIGNAT	URE	

MERCHANIST OF THE METAPORT OF SEALING SEATH

violates inc.	bnatynus 1			
	S Cuesa cingent		92	Chery Cha
Section 15 solutions	9712 NE 11405		wind drawler	AN KATAN
ne dans 2,		RAD LA	HTHO	
	January S, 1878		se es estav	alnine
	artn'y wave to a	noli dwo		
			Claimed	
				M 42
13 move	dge "venue, Het	otos mante mi	south I A	
Schriffe, Farylock				intros
			ASE SEED IN	

Pa	1	u
ıth.	lo #	
O	Id b	_
aft	the 1	
Urs	d 2	1
t ho	d in	
in 2	fille	
with	P	
pa	np.	
ecu	pop poth.	
9	ond a	
te b	E 8 6	
ifica	hysic	_
cert	ng pl	
hoth	eose hin	
e de	offe plant	
of th	the The	
s th	d by	
luire	gne	
red	ion. Insit	
low	hysic s bec ll-tro vol,	
The	p pl base price	
Ä	icate icate he b	
SICI	artifican, ion,	
PHY	use	
S	spiter there of for	
QN	e ho	
	deto b	
56 TO HOSPITAL OR ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the part of	may be retained by the haspits attending physician. TO FUNERAL DIRECTOR: After the cartificate has been signed by the attending physician and camp of filled in by the funeral directors. To FUNERAL DIRECTOR: After the funeral directors as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filted the registrar prior to burial, cremation, or removal, and in any event within 72 hays after death.	
AL C	AL D auld	
SPIT	JERA 3 sh gistr	
P.	FUN oge	
9	5 g =	
VS	A15 (4)	6
101	VI 7/30	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6926 CERTIFICATE OF DEATH

6 CERTIFICATE OF DEATH	11089;
CEKTIFICATE OF DEATH	Rea. Dist. No.

o. COUNTY Montg	omery	MARYLAND	2. USUAL RESIDENCE (W	here deceosed lived. and		nce before odmission) gomery
b. CITY OR TOWN (If outside c RURAL and give nearest tawn)	LENGTH OF STAY IN 15	01		its, write RURAL ond	give nearest town)
Bethesda 400 of NAME OF HOSPITAL (IF not OR INSTITUTION Suburban		dress)	d. STREET ADDRESS Box 53			e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First Claude	Middle O	Carlisle	4. DATE OF DEATH	June	8 Year 19 59
5. SEX 6. COLO	R OR RACE 7. MARRIED WIDOWED	_	8. DATE OF BIRTH 2-17-9	9. AGE lost	birthday) yrs. UNDER Months Winder Win	Doys Hours Min.
10a. USUAL OCCUPATION (Give k daying most of working life, even the company of th	ind of work done 10b. KIN ren if retired)	A Emplay	Mary 1. 14. MOTHER'S MAIDEN	and	12.CIT	US
(S. WAS DECEASED EVER IN U. S. (He yes, give w	or or dates of service)	0-01-7884	annie L	Carl	Address (Same-Wife
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse tast. PART II. OTHER SIGNII	DUE TO (b) DUE TO (c) HICANT CONDITIONS	o of the	ateroscler cardio-vas ut not related to the term	inal disease cont		ONSET AND DEATH RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month,	Doy, Year 20d. INJU	URY OCCURRED 20e. Not while	RED. (Enter nature of injury in PLACE OF INJURY (Home, farr factory, street, affice bldg., etc	n, 20f. (City or tow		Caunty) (State)
21. I certify that I attended alive on	ended the deceased			. /	auses and on th	ost sow the deceosed e date stated obove. DATE SIGNED
220. BURIAL, CREMATION, 22b. I REMOVAL (Specify) Burial 6		2c. Name of CEMETERY Rockville		Rockvil	City, town, or county)	rland (State)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pum		hesda, Ma		D BY REGISTRAR	24b. REGISTRAR'S SI	

allimont in a gradient in the floor played. The standing because of Charles and the Sentence of Society of the Sentence L.L.L. H. E. PRINCE IN DIRLEGAL, MARSHED THE PROPERTY A COURT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Maryland

Bethesda

d. STREET ADDRESS

Lost

CARSON

10-17-04

Delaware

14. MOTHER'S MAIDEN NAME

Annie Jones

B. DATE OF BIRTH

9525 Milstead Drive

4. DATE OF DEATH

6927 CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

days

Middle

DIVORCED [

Clifton

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Merchandising

06894

Reg. Dist. No. 215

Day

18

U.S.A.

Months Doys

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

IS RESIDENCE ON A FARM?

YES NO X

Year

1959

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Montgomery

Month

June

9. AGE (In years lost, birthday)

1		1
1	100	
1	222	
1		1

PLACE OF DEATH

Bethesda

NAME OF DECEASED

5. SEX

Male

(Type or print)

13. FATHER'S NAME

Watchmaker

George W. CARSON

Montgomery

b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

(Rural

U. S. Naval Hospital

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Caucasian

First

Clarence

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED |

comp puo carban physician attending Then pl by permit.

executed

that the death certificate

requires

The low

(Ye	Yes 3/42 to 12/43 577-34-6155 (W) Mrs. Ruby B. Carson, same as ite	am #2
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinomatoric Torcinomatoric	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-	
CERTIFICATION	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port III of item 1B.)	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Not while of work 19 20d. INJURY OCCURRED While of work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	unty) (Stote)
	21. I certify that I attended the deceased fram March 13 , 1959, to June 18 , 1959, that I last alive an June 18 , 1959 , and that death accurred at 4:20PM, fram the causes and an the ADDRESS (Street, city or town, stote)	
	PHYSICIAN'S NAME (Type) Douglas R. KOTH, LT MC, USN Bethesda, Md.	6-19-59
220	Burial Cremation, 22b. Date Thereof 22c. Name of Cemetery or Crematory 22d. LOCATION (City, town, or county) REMOVAL (Specify) 6-22-59 Arlington National Arlington	(Stote) Virginia
TA I	Funeral Differences Schaluse Address 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN A. Pumphrey Funeral Home, Bethesda, Md. Date 111 2 2 59 Civil 8;	

director, iled with funeral pe plnods d ni filled deoth. te has been signed burial-transit permi attending physicion. may be retained by the host
TO FUNERAL DIRECTOR: After
page 3 should be detached prior

VS A15 (4) 15M 9/5B

			CHIPPE TSE		
No. 1	Nat ISJ	Print, Epolitic			
		observed.	Man 16	(2024) spaced	all.
	Landra be			Legadosh leval	.U
	Brain Haid	101101-0	nov2210 - st		
	4	46-TI-0		outnesses.	nk
		STATISTICS TO	Suinktage zek	Telepic.	
		amb that		EU-VIED AN BOUR	100
¥.					
	(¥-		El device 13 manual 15	Bi are	
7-12-0	letigooH lav	on a w	- Pall	2-20-051-2	
		postulos	ors, armo, ust	n sa nolynot di i	
vaniguiV	Mar Indian	- E-10 .c	on ausgahing	26-32-3	328
			. Dagi ceco, So.	N Livery Surger 4.	

TO HOSPITAL OR

VS A15 (4) 15M 10/57

N.

073

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116895

				CERT	IFICA	ATE OF	DEAT	Н		Reg. D	ist. No		
1.	PLACE OF DEATH o. COUNTY		- 6	MAR	YLAND	o. STATE		/here deceased	l lived. If institution b. COUNTY				ssion)
	b. CITY OR TOWN (IF		its, write	c. LENGTH OF STAY	IN 1h	MARYL		cutside corne	rote limits, write R	ONTGO			
	RURAL ond give ne	orest town)			37	Marine V			role limits, write i	UKAL ONG	give ne	arest tow	m)
	d. NAME OF HOSPITA	At (If not in hospital	nive street	Seldray)	YS	MASH I		GROVE					
	OR INSTITUTION	Y COUNTY G				d. SIRCEI	MDDKE22					ON	SIDENCE A FARM? NOXX
3.	NAME OF DECEASED	Fi-	rst	Middle		Lo	st	4. DATE	Mor	ith	De		Yeor
	(Type ar print)	J	OHN	ERM	EST	CA	TOR	OF DEATH	J	UNE		22	19 59
5.	SEX	6. COLOR OR RACE	1	RIED NEVER MARRI		8. DATE OF BIRT	Н		9. AGE (In years lost birthday)		RIYEAR		ER 24 HRS.
	MALE	WHITE	WIDOW		_	E/9/00			69 yrs.	Months	Days	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	done 10b.		-	STRY 11 BIRTHP	LACE (Stote	e or foreign on		112 (1	TIZENI C	E WHA	COUNTRY
М	Coring most of works	ing life, even if retired	3)						,,	12. 6.		/	COUNTRY
13	FATHER'S NAME			4. GUDE & S	ONS	14. MOTHER'S	VIRGI				USA		
13.	TATTIER S IVAME					14. MOTHER S	MAIDEN	NAME					
		ATOR					RTHA	HENDER	SON				
15.	WAS DECEASED EVER	I IN U. S. ARMED FOR If yes, give war or dates of t		SOCIAL SECURITY NO). 17. (NFORMANT			Add	ress			4.200
					H	SPITAL	RECO	RDS	OL	NEY,	MAR	YLAN	D
			ouse per li	ne for (o), (b), and (c).	.]						INT	ERVAL B	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	1 //	deno	Ca	ner	101	ra)	01,		ON	SEI ANE	DEATH
	177X	DUE TO) _		2			0		16	, ,	
	Canditions, if on	v. which)	to	wal,	to	De	an	1				T	un
	gove rise to im	mediote (
	lying cause lost.	ne under-											
z		FR SIGNIFICANT CON		ONTRIBUTING TO DE	ATM BUIT	NOT BELATED TO	THE TERM	MAIAL DICEACE	COLIDITION			0 11116	ALITOREY
CATIO	7 1 011	EN STOTAL PERIOD COL	iomorts <u>c</u>	- OKTRIBUTING TO BE	AIH	NOT KELATED TO) INC ICKW	MINAL DISEASE	CONDITION GIV	EN IN PA	(1 1(0)	PERF	DRMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature o	of injury in	Port I or Port	11 of item 18.)				
AL	20c, TIME OF INJURY		or 20d II	NJURY OCCURRED	200 01/	ACE OF INITIDY	Mana form	7205 1512					
Ö	Hour o, m.	monni, bay, to	While	Not while	foc	ACE OF INJURY (story, street, office	e bldg., etc	c.)	or town)		County)		(Stote)
¥	p. m.	IÀ	of wor	k ot work									
	21. I certify the	at I attended the	deceas	ed from VV	w	1 1954	2 to	nue	22195	2.that I	last so	w the	deceased
	alive on	2/	. 12 1	7, and that	death	occurred at	22/8	M, from	the causes o	ind on t	he da	te stat	ed abave
	ACTUAL /	1 01	1		,			ADDRESS (511	reel, city or town,	stole)			ATE SIGNED
	SIGNATURE	ainsi	mi	mun	ul	M.D					4	0-2	2,19
	PHYSICIAN'S NAME (Type)	JACK SCHUM	ACHER	M. D.		G	ALTHE	RSBURG	MARYLA	ND			
220	BURIAL, CREMATION	, 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY OF	R CREMATORY	,	22d. LOCAT	ION (City, town,	or county)		(Sta	le)
	REMOVAL (Specify)	June 2	5,195	Poton	120	Come	torn	1 Pot	omac	Ma	1.1.	2000	1
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	FD	,	240. REC	D BY REGISTE	7	STRAR'S SI	GNATU	SE COLOR	
-	795	0		316	0.00	brond		JN 2 4 '5		Ilun S.			
_				ORITA	KAZ!	burg Md	DAIE		UA.	Trail di	/ Class	14	

		THE THE TIME DESCRIPTION OF THE PARTY OF THE	
	SATE OF DEATH		
The state of the s		AGENT TO THE PARTY OF THE PARTY	
		de ordenson per grande en el care	
	SVOICE SECURIFICATION		
		TORREST TORREST ATTRIOUS ASSURED	
		10 a 75 Vitable William By Style Inches	
		the state of the s	
	Alexandra and a		
BRAU MADE . MEDIE	AND REPORT OF THE PARTY OF THE		
	and the major for terms of		
	AT CHARLEST ALL CREATERS	The state of the s	
The sale			

116896

Day

e. IS RESIDENCE

YES NO

Year

19

IF UNDER 24 FIRS Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO N

DATE SIGNED

(Stote)

(Stote)

(County)

Orthur & House

DATE 1

2 '59

24 hours of Pages 1, 2, age 5 may 1 il in Item DEPUTY

VS. A15ME(5) 5M 9/55

the state of		Samuel Committee		
		English Stories		
	Mary Come	Carpensail	Martin	
ZE WELL	Marin & Contraction	A. T.		
			CC - CI-D November	

VS A15 (4) 1SM 10/57

	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
6930	CERTIFICATE OF DEATH	

1)	6	8	9	7	
----	---	---	---	---	--

							keg. Dis	T. INO.	
1. PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	II Q. SIAIL	io, Car		lived. If institution b. COUNTY	on: Residenc	te before adr	mission)
b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	prote limits, writ	c. LENGTH OF STAY IN 16				te limits, write RL	JRAL ond g	ive nearest to	own)
Bethesda	11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Toronto							
d. NAME OF HOSPITAL (If not in h	ospitol, give stre	49 days	d. STREET			- (3=		e. IS	RESIDENCE
The Clinical Cer	nter. Be	thesda lh, Md.	26 Ma	dison .	Avenue				N A FARM?
3. NAME OF DECEASED (Type or print)	first Marion	Middle Marv	Cherni	olc .	4. DATE OF DEATH	Mont Jur		Day 21	Yeor 19 59
		ARRIED NEVER MARRIED	B. DATE OF BIRT		-	. AGE (In years			19 ラブ NDER 24 HRS.
Female White	WIDO	WED DIVORCED	April	2, 191	0	lost birthdoy) 49 yrs.		Doys Hou	
10o. USUAL OCCUPATION (Give kind during most of working life, even	of work dane 1	6. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHP	LACE (Stote o	r foreign cou	intry)	12. CITI	ZEN OF WH	AT COUNTRY?
Housewife	ir retired)	None	Can	ada			Ca	anada	-
13. FATHER'S NAME			14. MOTHER	S MAIDEN NA	AME				
Ozarko Stanley				istine					
15. WAS DECEASED EVER IN U. S. AR/ (Yes, no. or unknown) (II yes, give wor o	MED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT T	he Med	ical R	ecord Addr	ess	-	
No		None I	he Clini	cal Ce	nter,	Bethesda	a 14,	Maryla	and
18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSED IMMEDIATE () 195. The Conditions, if any, which gave rise to immediate cause (o), stoting the under-lying cause last.	SED BY: CAUSE (o) DUE TO (b) U CC) A	epticemia and rinary Tract I denocortical C	nfection arcinoma					72 H	Hours Hours
PANT II. OTHER SIGNIFICA PANT II. OTHER SIGNIFICA 200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA		S CONTRIBUTING TO DEATH BUT SECRIBE HOW INJURY OCCUR					EN IN PART	PER	AS AUTOPSY REFORMED?
20c. TIME OF INJURY Month, E Hour a. m. p. m.	Pay, Year 20d		PLACE OF INJURY foctory, street, office	(Home, form, e bldg., etc.)	20f. (City o	or town)	(Co	ounty)	(Stote)
21. I certify that I attend alive an	ed the dece	May	The	ll:05 I A Clinic	M, from DDRESS (Sire al Cen al Ins	et, city or town, s	nd on the	e date sta	ne deceased ated above. DATE SIGNED -25-59
	THEREOF 26/59	22c. NAME OF CEMETERY Toronto, C.			22d. LOCATIO	on (City, town, or			itate)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pump	hrey	Bethesda, Ma	aryland	240. REC'D	BY REGISTRA 2 9 '59	130	TRAR'S SIGI		

to allow a to a state of the st DEVOCA DESTRUCTOR Spanisto, olimpia Charles T. denderes ne dean certificate be executed within 24 nous on the form. Toge 4 the dending physician and complete, filled in by the funeral director, en please remove carbon papers. Pages 1 and 2 should be filed with

The hospital attending physicion.

OR: After the crificate has been signed by the ottending

MOSPITAL OR
MOSPITAL OR
MOSPITAL OR
MOSPITAL DIRECT
RESPECT
RE

Youringhy, Nd Kensusho, Mostromy 30 Kennigher, Krown Statem 1 29001. Cobert: Cumplesen controller succiones de des

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6932 CERTIFICATE OF DEATH

16899 Reg. Dist. No.

						Hog. Dist.	10,	
1, PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAN		eNCE (Where deceded of a	ased lived. If institut b, COUNTY		efore admissi	on)
RURAL ond give n	If outside corporale limits, wr earest town) ER SPRING	c. LENGTH OF STAY IN 1		OWN (If outside co	rporote limits, write I	RURAL ond give	nearest town)	
d. NAME OF HOSPI OR INSTITUTION Johnson	TAL (If not in hospital, give st 0.737 Colesvi		d. STREET AD 1244 E	St., N.	S., Name	citor.	e, IS RESII ON A YES	
3. NAME OF DECEASED (Type or print)	First WILBER	Middle AUSTIN	COPELAND	4. DAT OF DEA				ear 9 59
5. SEX MALE		MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH 9/26/76		9. AGE (In years lost birthdoy) 82 yrs.	Months Day		R 24 HRS. Min.
10o. USUAL OCCUPATION during most of work Printer	ON (Give kind of work done king life, even if retired) (retired)	U.S. Printing	Office	CE (State or foreign MICHIGAN	n country)		OF WHAT	COUNTRY?
13. FATHER'S NAME unknown	COPELA	ND	14 MOTHER'S A	ARAH MIT	CHELL			
	R IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO. 11	7. INFORMANT Mrs. Rober	t M. John		Box 2	24	
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under to (c)						1	
CATIO		NS CONTRIBUTING TO DEATH				VEN IN PART 1(0	PERFOR	RMED?
OR CONTRIBUTING	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU						
Y 20c. TIME OF INJUR Hour o. m. p. m.	W	d. INJURY OCCURRED 20e. hile Not while work of work	PLACE OF INJURY (He foctory, street, office	ome, farm, 20f. (C bldg., etc.)	Cily or town)	(Coun	ty)	(Stote)
21. I certify the alive an	not I attended the dec me 23, 1 7-4. Ihi 9. F. THIBA	-0	30, 1959, ath accurred at	119 AM, fr	am the causes (Street, city or	and on the o	date state	
220. BURIAL, CREMATIC REMOVAL (Specify) Encombment	6/29/59	22c. NAME OF CEMETER Ft. Lincoln			nce Geo.	or county)	(Stote))
23. FUNERAL DIRECTOR	SIGNATHS EY INC	ADDRESS	RING. MD.	240. REC'D BY REG	SISTRAR 24b. REG	ISTRAR'S SIGNA	TURE	

ly filled in by the meral director, Pages 1 and 2 shauld by filed with death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft ottending pnysicion.

Terrificate has been signed by the attending physicion and cample is as the burial-transit permit. Then please remove carbon paperion, as the burial-transit permit. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After terrificate has been signed by the attending physical page 3 shauld be detached for the solution of the burial-transit permit. Then please remove the registrar prior to burial, cremation, ar remaval, and in any event within 72 hauf

PITA	ATE OF DE	CERTIFICA	
		100W 3	
			Constant to
			Delica in sport of the
• • • •			
The same of the same of	11100		
			Control of the case of the cas
			为是至于
			ALL REPORTS AND ADDRESS OF THE PARTY OF THE
			SSC MY SOCI
		The Cale of the Park	
	* (KINDS OF STREET	

TO HOSPITAL OR

VS A15 (4) 15M 9/SS

7			11	U	y	U
Pen	Diet	No				

	Reg. Dist. 170.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LEMGTH OF STAY IN 1b	mor morning
RURAL ond give nearest (own)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give natest town)
Kural-Vocaville 14 days	X Uselliesola mol
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Of A	d. STREET ADDRESS ON A FARM?
Naverly Saularum	130/ Lilius los Crus VES [] NO [F
3. NAME OF First Middle	Last, 4. DATE Month Day Year
(Type or print) Jesse H.	6 29 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS	
during most of working life, even if fetired)	Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nohut. Hill	margaret Litheria
	NFORMANT Address Address
(Yes, no, or unknown) (If yes, give war or dates of service)	onis Pillurie 11411 Rochelles
1B. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	NSET AND DEATH
33/X DUE TO 0 / 1	
Conditions, if ony, which) ()	a right of 2 and della la
gove rise to immediate	ender of 2 mis vouscesson
couse (o), stating the under-	V
	NOT BELLEVE TO THE TERMINAL DIFFLET CONDITION OF THE AUTOPA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO Z
20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER]	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)
Hour o.m. P. m. 19 While Not while of work of work	tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 6/16	
1/25	
alive on 6/3 and that death	occurred at 6.126.26 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE CREELEY O, KINGR	4529-Mable Avel, Bothosda Md.
SIGNATURE	7.0.
PHYSICIAN'S NAME (Type)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SPICE OF	CREMATORD 22d. LOCATION (City, town, or county) Shipplus Law (4)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OKALINA & KLAWA
	DATE JUL & 33

TRO A COLD		
N. Carlotte		AD VALLEY
		Strawer sting half for a
		Transports (Tay Indiana II II)
		and the last
	3 MSP4	

06901

6934

CERTIFICATE OF DEATH

0003				Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who. STATE	ere deceased lived. If institution the country	Ment G	omERY
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporete limits, write R ton Marylan	URAL ond give ned	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	(ddress)	1 d. STREET ADDRESS	STARY STRE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Julius	Middle Dani	lowicz	4. DATE Mon OF DEATH JUNG	th 5th, Do	1959 Year
5. SEX Nale 6. COLOR OF RACE 7. MARRI WIDOWE	DIVORCED DIVORCED	B. DATE OF BIRTH AD 1	9. AGE (In years lost birthdoy) 75 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	(IND OF BUSINESS OR INDU	POLAN			SA.
13. FATHER'S NAME (UNKNOWN) DA	INILOWICZ	14. MOTHER'S MAIDEN N	AME (UNITNOW	N)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, give wor or dates of service)		NEORMANT DANK	OWICZ 35	509-STN1	PH ST.
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	e for (0), (b), ond (c).] ARCINOMA	OF STO	MACH	INTE	ERVAL BETWEEN ET AND DEATH 3
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT			EN IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	or for for il or nem (b.)		
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. ft. While p. m. 19 of work	Not while to	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
21. I certify that I attended the decease alive an Mine 4 19 5 Actual SIGNATURE John E. E. PHYSICIAN'S JOHN F.		м.р. 9400 С	M, fram the causes a ADDRESS (Street, city or town, one Av. Av.	nd an the dat	DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) B123 1 21 6-8-59	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o Wheaton 1		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIS	STRAR'S SIGNATUR	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained. The hospital or altending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and came y filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shot the registrar prior to burial, crematian, ar removal, and in any event within 72 hour, after death. VS A15 (4) 15M 9/55

eral director, be-filed with

y filled in by the Pages 1 and 2 shaul

Jeath: Page 4

	TE OF DEATH	CERTIFICA		
A STATE OF THE STA				
			No.	
TO SERVICE STATE OF THE PARTY O				
8				1000
	AND ALL PROPERTY.			
	District Control			A TOTAL
		Talvastines	A CHARGO	
		199 - 195 42 3 d	CONTRACTOR OF SEPARATE	
	HANNA OF CO.		C 170 	
	TO TO RESERVE FOR FOREST		100 - 200 100	
			1 100 - 200	
	a 107 SO mitrau quit Pitter li galin tea			
	The state of the s			
	10.3 SOURITISANS OUT AFTER A DISAST TO A SECOND STATE OF THE SECON			
	10 TO INTERNACE PROPERTY OF DAMESTIC			

TO HOSPITAL OF FENDING PHYSICIAN: The law requires that the deoth certificate be executed a may be retained by the hospital otherding physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the ottending physician and compage 3 should be detached far use as the burial-transit permit. Then please remave carbon papers, the registrar prior to burial, cremation, or remaval, and in any event within 72 parts of the death.

ly filled in by the funeral director, Pages 1 and 2 should be filed with within 24 hours of

V5 A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6935 **CERTIFICATE OF DEATH**

							K	eg. DIST, NO	· 513	
1. PLACE OF DEATH 6. COUNTY Montgome	*3r	发展的	MAR'	YLAND	2. USUAL RESIDENCE (Who, STATE Maryland		If institution:	Residence befo	ore admissi	on)
b. CITY OR TOWN RURAL ond give	(If outside corpo	rote limits, writ	e c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corporote li	nits, write RURA	L ond give ne	arest town	1
Bethesda	-		2 days		College Par	k	16	14.2		
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in ho	spital, give stre			d. STREET ADDRESS				e. IS RESI	
	_	tal, Be	thesda Md.		Cherry Hill	Trailor	Pk.#10	lst St		FARM?
3. NAME OF DECEASED (Type or print)	E	First velyn	Middle Opal		DAVIS	4, DATE OF DEATH	Month June	3	-/	rear 19 59
5. 5EX	6. COLOR O	R RACE 7. M	ARRIED NEVER MARR	IED 🔲	B. DATE OF BIRTH	9. AC	4 1 1 1	UNDER 1 YEAR	1	
Female	whit		OWED DIVORCE		5 May 1932		27 yrs.	onths Days	Hours	Min.
10a. USUAL OCCUPA during most of w	TION (Give kind orking life, even i	of work done 10	0b. KIND OF BUSINESS (OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country		12. CITIZEN O	F WHAT CO	DUNTRY
Sales	_		Retail Store	Cha	in West Vir	ginia		U.S		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
Unknown					Opal Sc	ott	- 11/4-	194		
15. WA5 DECEASED E (Yes, no, or unknown)	VER IN U. 5. ARM		16. SOCIAL SECURITY NO). IN	IFORMANT		Address			
No				(H	usband) Hugh	L. DAVIS	Same a	15 #2		
18. CAUSE OF E	EATH [Enter onl	y one couse per	r line for (o), (b), and (c)	.]					TERVAL BET	
PART I. D	EATH WAS CAUS		7-1	un h	and Carre	100100		ON	ISET AND	DEATH
20115	IMMEDIATE C	DUE TO	/ -1	0-0-	an court	amou				7
2043		DUE TO	200. (L. 0 1	1.11	+		1:00	00
Conditions, if		(b)	med	10-01	end son	Receiva	non		1 and	in
couse (o), statis	g the under-	DUE TO	Ren	to	Blashe	Leubon	ia.		of n	10,
_			S CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(o)	19. WAS A	AUTOPSY RMED?
3										NO [
-	WAS UNDERLYING G CAUSE OF FY MEDICAL EXAM	DEATH	DESCRIBE HOW INJURY O	OCCURRED). (Enter noture of injury in I	Port I or Port II of	item 18.)	× in		
20c. TIME OF INJ	URY Month, D		I. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm tory, street, office bldg., etc.	20f. (City or to	wn)	(County))	(Stote
p. n		19 of v	work ot work				Daily.			
21. I certify	that I attend	ed the dece	eased from 1 Ju	ine	, 19_59, to_3	June	_, 19_59hc	at I last say	w the di	ecease
alive an_3_		. 19			occurred at11:40]					
7	11.0.0	man of				ADDRESS (Street, o				E SIGNE
ACTUAL F	.H. 0'CO	NNELL L	T MC USN		U.S. Naval	Hospital	. Bethe	sda Md	. 6-4	-59
SIGNATURE_F					A.D.		2			
PHYSICIAN'S NAME (Type) F	.H. O'CO	NNELL L	T MC USN		U.S. Naval	Hospita	. Bethe	sda Md	•	
220. BURIAL, CREMA	ION, 22b. DATE	THEREOF	22c. NAME OF CEM	METERY OF	CREMATORY	22d. LOCATION	City, Iown, or c	Ounty)	(Stote	e)
Burial (Speci	(4) 6-7	-59	Bonaven	ture		Savanna	h G	eorgia		
23. FUNERAL DIRECTO	-		ADDRE55		24g PFC'	D BY REGISTRAR	24b. REGISTRA			
7. Mar	afra as	one 1172		Arre	Hyattsville			Thuy & +		
Gasch's L	Tancra D	OHS TID	A DOT OTHING	WAG	TAGOODANTETE	C. Deller	U	when I	LIAME	

ACTION (E. T.I.)

2 doing to describe the contract of the gave of the contract of the gave of the gave

.B.U ninigraty and bulgate or a filled. There ceres

Stan angle at Vid at Abaid (Our date) .

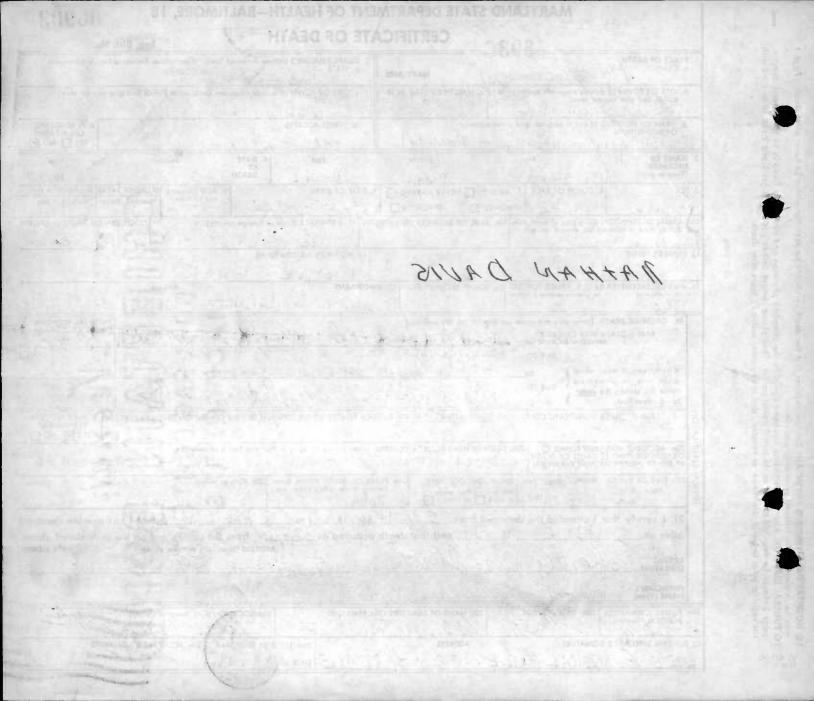
n de la company de la company

THE SECTION OF THE CANADA CONTROL OF THE SECTION OF

officer demonstrate the state of the state o

Items 18&21 Film 245 7-22-59 CERTIFICATE OF DEATH 06903Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Filed **LE COUNTY** ONTGOMER MARYLAND Pro b. CITY OR TOWN (If autside carporate limits, write / c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shavid ash maton d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS OR INSTITUTION Jashivaten Sanitarium YES NO R NAME OF Middle A. DATE Yeor Lost Month Day DECEASED OF (Type or print) Mary 195 001 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours WIDOWED K DIVORCED ema 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Yluvse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address danitaluum Washing 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO by Conditions, if ony, which gove rise to immediate DUE TO 2.5 been sign couse (o), stoting the underpup lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE LEMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Slipped and struck forehead and occiput - in Kitchen of S 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while of work at wark Washington 21. I certify that attended the deceased fram. 29 May, 19 19 1, that I last saw the deceased detach alive on and that death occurred at AM/from the causes and on the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED FUNERAL Dimenae 3 shauld be di ACTUAL PHYSICIAN'S men delsohnMi NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ofther S. Haus VS A15 (4) DATE JUN 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



4	or,	ith		
00	Te C	2	4	
7	Ö	file	-	-
10	ero	8		
D		PIO		
offe	÷.	sho		-
5	þ	2	-	
hou	,c	one		
24	Pe	- 5		
20,0	E	960		
*	Î.	ď		
Po	3	6		
200	COM	doc	ath.	
e ×	Pu	- L	9	
pe	ç	arb.	Per	
ote	.00	of a	2 0	•
iffic	hys	No.	20	4
9	0	ē	72	-
the	din	OSe	c	
de	i e	P	=	
i he	9	hen	-	
to	- ×	F	ě	
S	0	.E	ony	
o.i.o	gne	è.	2	
e e	On.	18it	puc	
3	Sici	tror	1,	
e	P .	0	JOVO	
F	e a	bur	ren	
A	Fico	the	ō	
SICI	ert:	00	On.	
H	ŏ	e.	mat	
O.	D C	0	Cre	
Ž	Afte	Pa	0	
H.	R: .	ach	DOLL	
E	2	det	2	
04	- A	pe	9	
0	50	Pin	٩	
¥	Z e	sha	stro	
SP	S S	67	egi	
H	F. 5	900	her	
5	- 0	-	-	
V	may be retained the hospital ar attending physician. TO FUNERAL DIRECTOR: After the pertificate has been signed by the attending physician and compared by filled in by the director,	(4)		

		OO 7 CER	ITICA	ATE OF DEATH		Reg. Dist	. No.
	0.	Mont Gemery	RYLAND	2. USUAL RESIDENCE (Who o. STATE	land "	COUNTY Mon	tgomen!
	b.	CITY OR TOWN (If ourside corporate/limits, write C. LENGTH OF ST/RURAL and give nearest town)	V ()	c. CITY OF TOWN OF OR	utside corporate lin	nits, write RURAL and gi	ve nearest town)
4	1	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Les hing for Sanitarium + Hospi	1/	d. STREET ADDRESS	First 1	lve.	IS RESIDENCE ON A FARM? YES
	(T	AME OF First Midde REEASED Mide Perry John	n	Dickinson	4. DATE OF DEATH	Line	Day Year 23 1955
	S. SE	Mole White WIDOWED DIVOR	CED 🔲	8. DATE OF BIRTH 11-9-9	S lost	birthday) Manths [YEAR IF UNDER 24 HRS. Days Hours Min.
		USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS during most of working life, even if retired) History Con Sc.	10	District	t of Co	lumbia C	EN OF WHAT COUNTRY
		Fred H. Dickinson		14. MOTHER'S MAIDEN N	YE Wir	th	
		AS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No or unknown) Ilf yes, give wor or dates of service) 57 9-01-76	15/ 17. 18	HOSPITAL H	dmittin	a Record	Ś
		8. CAUSE OF DEATH [Enter only one cause per line lar (a), (b), and (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **THE CAUSE (b) **THE CAUSE (b) **THE CAUSE (c) **THE	refe	ge -upper	9.J.		INTERVAL BETWEEN ONSET AND DEATH JERANUS
		Conditions, if ony, which gave rise to immediate (b)	ag	eaf Varicos	ies		Unknown
	7	couse (a), stoting the under DUE TO Oursh	asis	of the Lew	ier		?
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E	Fil	hillation			PERFORMED? YES NO
		206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY DR CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OF DEATH 206. DESCRIPTION OF DEATH 206. DESCRIPTION OF DEATH 206. DESCRIPTION OF DEATH 206. DESCRIPTION OF DEATH 206. DESCRIBE HOW INJURY OF DEATH 206. DESCRIPTION OF DEATH 206. DESCRIBE HOW INJURY OF DEATH 206. DESCRIPTION OF DEATH 206. DESCRIBE HOW INJURY OF DEATH 206. DESCRIPTION OF DEATH 206. DESCRIBE HOW INJURY OF DEATH 206. DESCRIPTION OF DEATH 206. DESCRIBE HOW INJURY OF DEATH 206. DESCRIPTION OF DEATH 206. DESCRI	OCCURREE). (Enter nature of injury in P	ort I or Part II af i	tem 18.)	
	MEDICAL	Oc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work at work	20e. PLA	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City or taw	n) (Co	unty) (Slate)
		21. I certify that I attended the deceased fram.		1957, to			ist saw the deceased
		ACTUAL RobertaHare	death	accurred at 11:30 M.D. 7600 Carr	DDRESS (Street, ci		DATE SIGNED Rask 14cl. 6/2
		PHYSICIAN'S Robert A. Har	e, 1	1D.	ч	ц	
		BURIAL, CREMATION, 12th. DATE THEREOF 22c. NAME OF CE PT. LINCO				GEO . COUNT	Y, MARYLAND
	23. F	Raymand a. Jiska.	SPRI	ING, MD. 240. REC'D	BY REGISTRAR	24b. REGISTRAR'S SIGN	

the state of the s The state of the s

VS A1S (4) 15M 9/58 M

05

Par Dist No 215

								Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY	Alimen:		****	0	SUAL RESIDENCE (V	Where decease	d lived. If instituti		nce befo	re admiss	ion)
Montgomer	У		MARYLAND	D	istrict of	f Colu	nbia			11.0	31231
b. CITY OR TOWN (RURAL and give n	If outside corporate lin	nits, write	c. LENGTH OF STAY IN 16	С.	CITY OR TOWN (II	f outside corpo	orate limits, write R	URAL and	give ned	arest town	n)
Bethesda	/		2 hours	W	ashington		127	X - :	3		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	address)		. STREET ADDRESS		1			e. IS RES	IDENCE
	al Hospita	1		2	125 34th	Street	S.E.				FARM?
. NAME OF		irst	Middle		Last	4. DATE	Mon	ith	Do	ly	Year
(Type or print)	Wil	liam	Francis	D	IETRICH	OF DEATH	Jun	e	29		19 59
i. SEX			RIED NEVER MARRIED	_	E OF BIRTH		9. AGE (In years				ER 24 HR
Male	Caucasian				8-1-93		lost birthdoy) 65 yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 1		te or foreign o		12. CI	FIZEN O	F WHAT (COUNTRY
during most of wor	king life, even if retire	d)							TT	C A	
3. FATHER'S NAME		10	. S. Navy	14	New Y				U.	S. A	•
	-										
Henry DIET		nerea li	COCIAL CECURITY LIG. T	INFORA	Anna SCHW	AB	A 1.1				
Yes, no, or unknown)	If yes, give war ar dates of		SOCIAL SECURITY NO.				Add	ress			
Yes	IWW - IWW	T	Unknown	Hosp	ital Reco	ords					
1B. CAUSE OF DE	ATH [Enter only one c	ouse per li	ne for (o), (b), and (c).]		8 1					ERVAL BE	
PART I. DEA	ATH WAS CAUSED BY:	0)	Poliusu	ary	Edlena				ON.	DET AND	DEATH
203 X	DUE TO			1					-	24	how
Conditions, if a		5	to As HA		. 0 6	Manage	1.111		7	79	-
gave rise to i	mmediate	b) 0180			·	recur	oux		-	3 y	2
couse (o), stoting lying couse lost.	the under-	2	= Jan. Pt	10	he = 0				12		
	HER SICNIEICANT CON	c)(o	CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TER	AND DISEASE	T COMPLIANT ON	(F) I) D A I	07.1/ \	SAN	AUTOPSY
PART II. OTI	HER SIGNIFICANT COL	ADITIONS C	CONTRIBUTING TO DEATH B	UINOII	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAI	KI I(0) I		RMED?
20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Ent	er noture of injury i	n Port I or Por	rt II of item 18.)			340	
OR CONTRIBUTING	MEDICAL EXAMINER)										
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Doy, Yo	ear 20d II	NJURY OCCURRED 20e.	PLACE O	F INJURY (Home, for	rm. 20f. (Cit	v or town)		(County)	-	(Stote
Hour a.m.	19	While	Not while	factory, s	treet, office bldg., e	etc.)			(001117)		(0.0)
			k at work	_							1.9
21. I certify th	nat I attended the	e deceas	ed from June 29		, 19 <u>59</u> , ta	June 29	9, 1 <u>9_5</u> 9	that I le	ast sav	v the d	lecease
alive an Ju	ne 29	, 195	9_{-A} , and that dea	th accu	rred at 10:5	OPA, fram	the causes an	d an th	e date	stated	dabay
1 4 8	7. 4.0.	Com	ell				treet, city or town,				TE SIGNI
ACTUAL	, ,, ,			M.D.	II. S. N	aval H	ospital,	NNMC		6-3	0-59
SIGNATORE				_ M.D			oppa our j	11111.00			
PHYSICIAN'S NAME (Type)	F. H. O'CC	NNELL	, LT, MC, USN		Bethesd	a. Mar	พโลทส์				
220. BURIAL, CREMATIC							TION (City, town,			154.1	
Burial (Specify)		50	22c. NAME OF CEMETERY					or county)	174	(Stot	
	7/100	1	Arlington	Tyat:			ington				TC
23. PHOTERAL DIRECTOR	unerou,	Hom		21		C'D BY REGIS					
Lee Runera	1 Home, 4th	1 & Ma	ass. Ave.NE, V	wash.	DC DATE	1111 6	'59	rthur	8 Hu	w.t.	

				error (
		od i opie ili		Q. Trees, and
		www.cham.	42734.2	La management
	• • • •	CLU WE SOM		1070 at 1
			X = 1	
				t principal and is
		THE PARTY		The Research
		EARLIE SERVE		THE PERSON NAMED IN COLUMN 1
		sevened Audiquedi	L av useri	
		Algebra		The state of the s
The state of the s	1	LAXER . J. L.		
	Bin. gr	d (specific de la	, , , , ,	
tink all	264, 315		150 TO 1	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116906

6938 CERTIFICATE OF DEATH

Reo.	Dia	MI-

1. PLACE OF DEATH G. COUNTY MONTGOMERY			MARYLAND	2. USUAL RESID	ENCE (Where	deceased liv	b. COUNTY			mission)
b. CITY OR TOWN (I RURAL ond give no OLNEY	f outside corporate limi carest town)	ts, write c. LENGTH OF	STAY IN 1b	01-	OWN (If outs	ide corporate	limits, write R			lown)
OR INSTITUTION	AL (If not in hospital, g	ive street oddress) NERAL HOSPITA	A L	d. STREET AD		DAMS S	TREET		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fin Bru		Niddle TERRY	Lost		. DATE OF	Mon		Day 30	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER A		B. DATE OF BIRTH	57	9.	AGE (In years lost birthdoy) yrs.	IF UNDER 1	YEAR IF U	NDER 24 HRS
Oa. USUAL OCCUPATION during most of work CHILD 3. FATHER'S NAME	DN (Give kind of wark or king life, even if retired)	done 10b. KIND OF BUSIN	ESS OR INDU	-/ -/	CE (State or			-		HAT COUNTE
	E DIFFENDER				DA L. 1	MOODWA	RD			
(Yes, no. or unknown)	(If yes, give wor or dates of se	CES? 16. SOCIAL SECURIT None use per line for (a), (b), on	Н	OSPITAL	RECORD	S	O L	ress NEY, MA	ARYLAI	ND
Canditians, if or gove rise to in cause (a), stoting lying couse lost. PART II. OTH	the under-	DITIONS CONTRIBUTING T	O DEATH BUT	Bro w		p ho	ONDITION GIV	EN IN PART I	PEI	RFORMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJU	IRY OCCURRE	D. (Enter nature of	injury in Port	l or Part II	of item 18.)		YES	M NO
Y 20c. TIME OF UNJURY Hour o. m. p. m.	Y Month, Day, Yea	While Not while of work	foo	ACE OF INJURY (Hectory, street, office	ome, form, bldg., etc.)	20f. (City or	town)	(Cou	unty)	(State
actual SIGNATURE PHYSICIAN'S	at I attended the		that death	accurred at 1	ADI	DRESS (Street	ne causes o , city or town,	stote)		
220. BURIAL, CREMATION REMOVAL (Specify) BULLAL	N, 22b. DATE THEREO				22	d. LOCATION	MARYLAN (City, town, o		inia	itote)
23. FUNERAL DIRECTOR'S	s signature Pumphre	ADDRESS			240. REC'D B	Y REGISTRAR	24b. REGIS	STRAR'S SIGN	ATURE	

		CONCLEASE		Fig. (15)	
					N AND SECTION
	Marie and Marie Marie 1979				
			- ment	ALL STATES	
				ATTHEORY OF THE	CONTRACT VALUE
	Table Committee and the same of the same o				
			100 7000		
	ADITORIA		70		The curry
	THE BRANCH A KINSY				o administration of
er say sais cy	SP2 TO STREET, AA				

CERTIFICATE OF DEATH

Pen Dist No

06907

1 6	LACE OF DEATH					2. USUAL RESIDENCE (WH	are decease	ed lived If institut	on Pasida	nce befor	re admissi	ign)
	i county iontgomery			M	ARYLAND	Maryland	iere deceose	St. CMMY		nea pero	C Gamissi	4,4
	RURAL and give ne	f outside corporate limit arest town) Rural)	s, write	c. LENGTH OF S	TAY IN 16	c. CITY OR TOWN (IF a	utside corpo	orate limits, write f	RURAL and	0	rest town)
	OR INSTITUTION	AL (If not in haspital, gi				d. STREET ADDRESS Town Creek	Manor					DENCE FARM? NO M
	NAME OF	Hospital, E										
1	DECEASED Type or print)	Firs Wilms	l-	Mari		Dinterman	4. DATE OF DEATH	Ju		12		rear 19 59
S. S		6. COLOR OR RACE				B. DATE OF BIRTH	n 8	9. AGE (In years last birthday)	Manths	R 1 YEAR Days	IF UNDE Haurs	R 24 HR: Min.
-	emale	white	WIDOW		ORCED _	4 February 19		4L yrs.	12 617	17511.05	WILLE	OLINITON
	during most of work senographe	ing life, even if retired)		ivil Serv		Minnesota	or foreign o	country)		.S.	WHATC	JUNIKI
13.	FATHER'S NAME	A THE DO	5			14. MOTHER'S MAIDEN N			- 87		100	7
He	rman Busa	cker				MANAGERICA	Descent	Jennie	Waff	er		
15. (Yes	NO NO	R IN U. S. ARMED FORG If yes, give war or dates of se	CES? 16.	SOCIAL SECURITY		nusband) Roger	Alfr		ress RMAN	Same	as	#2
	PART I. DEA 53.4 Conditions, if as gove rise to it cause (o), stoting	nmediate (DUE TO	Se			tion - one we	ek)			ONS	weel	DEATH
CATION			DITIONS	CONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEAS	SE CONDITION GI	VEN IN PAI	RT 1(o) 1	9. WAS A PERFO	RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	RY OCCURRE	D. (Enter nature of injury in	Part I or Po	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJUR' Hour a. m. p. m.	Y Month, Day, Yeo	While	NJURY OCCURRED Nat while rk ot work	fo	ACE OF INJURY (Home, form ictory, street, affice bldg., etc	20f. (Cit	y or town)		(County)		(State
		at I attended the June	deceas Na	,ca 110111,	June hat death	accurred at 12:35	ADDRESS (S	the causes are Street, city or town pital, Be	stote) ethes	e date	stated DATI	ecease l abav E SIGNI
220	BURIAL CREMATIO	McFarland N, 22b. DATE THEREO		MC USN	CEMETERY C	U.S. Nava		pital, Bo			Md • (Stote	e)
_	REMOVAL (Specify) SUT 181 FUNERAL DIRECTOR		959			tional Cemeter		ington,		nia		
		eral Home,	Fair	fax. Vir	ginia		UN 1 6		letting			

eath. Poge 4 by filled in by the funeral directar, Poges 1 and 2 should be filed with M vithin 24 hours of

may be retained by the hospit. It attending physician. **D FUNERAL DIRECTOR:** After by certificate has been signed by the attending physician aparcomm, page 3 should be detached for use as the burial-transit permit. Then please remave cardon papers the registror prior to burial, cremation, or removal, and in any event within 72 haurs after down.

PHYSICIAN: The law requires that the death certificate be executed

may be retained by the hospi TO HOSPITAL OF VS A1S (4) 1SM 9/SB The parties of the second of t Activity Title Title -John Mid

de se tall briller II berne Tiper (u. sept.)

aldele.

per 15 . deletion to be under the contract of the contract of

The frame 1919 And Inglies in the Money Commercial Land Williams Villegial Caracia Bunasil Hamb, Rottfux, Virginia CERTIFICATE OF DEATH

COLO

06908

	· ·	770	-		110 01 0	67111			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY MONTGOMER	Y		MAR	YLAND	o. STATE	YLAND		lived. If institution b. COUNTY	407	ice befor	e odmis	sion)
	If outside corporate lim	its, write	c, LENGTH OF STAY	IN 1b				rote limits, write R		give nea	rest tow	n) \
OLNEY			1 DAY		Hi	GHLAN	D	1	3 X	_2		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		d. STREET A					-	e. IS RE	SIDENCE A FARM?
MONTGOMERY	COUNTY GEN	ERAL	HOSPITAL.	INC.							YES [] NO []
3. NAME OF DECEASED (Type or print)		rst IELIA	Middle		Lost	MEN	4. DATE OF DEATH	Mon		Do	•	Year
5. SEX	6. COLOR OR RACE		OLIV		B. DATE OF BIRTH	NEY			UNE			19 59 ER 24 HRS.
FEMALE	WHITE	WIDOW			1/3/71			9. AGE (In years lost birthdoy) 88 yrs.	Months	Doys	Hours	Min.
	king life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDUS				ountry)			F WHAT	COUNTRY
13. FATHER'S NAME	Home					YLAND			-	USA		
IS. PATHER S NAME					14. MOTHER'S	MAIDEN N	AME					
BOWIE .						IN THO	MPSON					
1S. WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO). 17. H	NFORMANT			Add	ress			
NO			-		HOSPITA	L REC	ORDS	OL	NEY.	Mo.		
18. CAUSE OF DEA	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c)	.1						LINTE	RVAL B	ETWEEN
	TH WAS CAUSED BY:		CHEXIA							ONS	ET AND	DEATH
154X	IMMEDIATE CAUSE (1	CHENIA					-		-	0 0/	YS
	DUE TO											
Conditions, if o) LA	RCINOMA OF	KEC	TUM						5 YE	EARS
couse (o), stoting												
lying couse lost.) (=)										
ē1	HER SIGNIFICANT COM			ATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 15	PERFC	AUTOPSY DRMED?
20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY O	CCURRE	O. (Enter nature of	injury in P	ort I or Port	II of item 18.)				110 (2)
OR CONTRIBUTING	MEDICAL EXAMINER)											
		204 11	NJURY OCCURRED	20- 81	ACE OF INJURY (H		1000 (6)					
20c. TIME OF INJUR Hour o. m. p. m.	19	While of wor	Not while	foc	ctory, street, office	bldg., etc.	207. (City	or town)	(County)		(Stole)
21. I certify th	at I attended the	deceas	ed from		, 19_46	, toJ	UNE 3	19_59	2.that I	last sa	w the	decease
alive an_Ju			59, and that									
	11.	0	4					reet, city or town,		ne dui		ATE SIGNE
ACTUAL SIGNATURE	Mulin	x an	w. 19.1	0_	M.D					6/	3/5	
PHYSICIAN'S NAME (Type)	S. WHITAKE	p M	_n			SANDY	SPRI	NG, MARY	LAND			
220. BURIAL, CREMATIC	N, 226. DATE THERE		22c. NAME OF CEM	ETERY O	R CREMATORY			ION (City, town, o			(Stot	la)
REMOVAL (Specify) Purial			Mt Zion			100		ghland, M	,,		(3101	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	14		24a. REC'D		RAR 24b. REGIS		SNATUR	E	
E C Uicinh	othom Elli	att 1	C4+27 15d			D. 75 . []			71 . 1			

filled in by the Laneral director, oges 1 and 2 shauld be filled with oth. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft may be retained the haspital or attending physician.

O FUNERAL DIRECTOR: After the prificate has been signed by the attending physician and comp page 3 should be detached for the at the burial-transit permit. Then please remaye carban paper the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING may be retained to FUNERAL DIRECTOR: After the state of th

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-CALTIMORE, TO HE3HMO4 341/21/

The second of th

FOR STATE HEALTH DEPT

Page files. Health,

TO DEPUTY MEDITY: EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessared the certified, will pending in pendi in Item, 18. Give Pages 1, 2, and 200 the funeral difference 4 should be farwarded to the set Medical Examiner's Office along with form PM3. Page 5, be retained for your TO FUNERAL DIRECTOR: Page 5 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in participal within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6941 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06909

Reg. Dist. No

1. PLACE OF DEATH O. COUNTY Montgom		MARYLAND	- STATE	Maryland Montgomery					
and give nearest town		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write	RURAL and give n	eorest town)			
	AL OR INSTITUTION (If not in h versity Aven	ospital, give street oddress)	d STREET ADDRESS	iversity Av	zenue	e. IS RESIDENCE ON A FARM? YES NO A			
3. NAME OF DECEASED (Type or print)COX	ralie Livings	ton Bell Doug		of June	21, Doy	Yeor 19 59			
5. SEX Female	White widow		Nov. 3, 187	1.4.	Moghs Dys	Hogs Min.			
100. USUAL OCCUPATION during most of working Housewite	ON (Give kind of wark done 10b ng life, even if retired)	Own Home	RY 11. BIRTHPLACE (Stole or Hagerstow	foreign country) m, Md.	U.S.	F WHAT COUNTRY?			
13. FATHER'S NAME Henry Bel	1		14. MOTHER'S MAIDEN NA Ellen Rag						
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)		oise D. Gra	ham - Item	#2-daug	ghter			
PART I. DEA' 9/6.0 Conditions, if a gove rise to immer (a), storing the couse lost.	ony, which diote couse underlying DUE TO	halation of Contribution of Contribution of Contribution of the Contribution of to Death BUT N	e 0	Junes ALDISEASE CONDITION GIV	DISE	tral Between to and open the following the f			
PART II, OFF	RY Month, Doy, Yeor 20d Wt C-2/ 19 ST of		CE OF INJURY (Home, form, pry, preet, office bldg., etc.)	201. (City or town) Glen Echo	(County) Manly Inquiry	PERFORMED? YES NO (Stole) , ond in my			
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify) Tran But	FANK J. 1 DN. 22b. DATE THEREOF C. 6/24/59	Broschart 22c. NAME OF CEMETERY OR Rose Hill	_M.D. CHIEF MEDICAL EXAMASSISTANT MEDICAL EXAMEDICAL EX	EXAMINER AMINER 20 Control (City, 10wn, or Hagerstown	_ 2/_ or county) , Maryl	DATE SIGNED J (Store) and			
23. FUNERAL DIRECTOR Robert A		Bethesda, Mar			TRAR'S SIGNATUR				

	VER'S CERTIFICATE OF DEA		170
	a onel mel	TO THE BETTER THE PERSON NAMED IN	
	o vol.		
red viedningster	i - papiero 1.0 swiplis		
			The second secon
	Lamer could a To		A TOTAL MARKET
14000	Character and contract (Contract Contract Contra	\$65.08(TV)	THE STATE OF STATE
URAL YES LOS	January State of Stat		
Auton A. (Association)	AZ AS AULINA DEMANDE.	cey, Bernoads,	Robert A. Ponium

06910

CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY IONTGOME MARYLAND ONT GOMER b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Lost Month Day Yeor DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days Hours WIDOWED 🔄 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHILDS n forman Unknoun 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Nat while of work of work TEALO 21. I certify that I attended the deceased from At2 195, 195, that I last saw the deceased PM! fram the causes and an the date stated above. , and that death accurred ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, DATE THEREOF 22co NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Chilling & Have

0 VS A15 (4) 15M 9/55

(EL) EU	CERTIFICATE OF DEATH
	The state of the s
	The same of the Constitution Resident and the same of
	THE PARTY OF THE P

M

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6942 CERTIFICATE OF DEATH

				Keg. Dist. 14	10.
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WO STATE MARYLAND	here deceased lived. If institution b. CQUN	tution: Residence be ITY NTGOMERY	fare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write		nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	5 DAYS	d. STREET ADDRESS	LE		e. IS RESIDENCE ON A FARM?
MONTGOMERY COUNTY GENERAL	HOSPITAL				YES NO
3. NAME OF DECEASED (Type or print) LILLIAN	Middle AGNES	Downs	4. DATE A DEATH JUNE	Month 30	Doy Year 19 59
5. SEX 6. COLOR OR RACE 7. MARR FEMALE WHITE WIDOWE		8. DATE OF BIRTH 9/24/90	9. AGE (In year lost birthdo)	Months Days	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	KIND OF BUSINESS OR INDUS	MARYLAN		12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
ADAM MATULEWICH			GNORWSKI		
(Yes, no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	HOSPITAL RE	CORDS	OLNEY. MA	ARYLAND
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the under: lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS C	Lobar Sovere So Metastatic (Carcinoma NOT RELATED TO THE TERM	nemia of Uterus		NSET AND DEATH CORYS Z month 1/2 years
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED				PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. IN Haur o. m. 19 While of work	Not while fac	ACE OF INJURY (Home, for ctory, street, affice bldg., et	m, 20f. (City or town)	(Count	y) (State)
21. I certify that I attended the decease alive on June 29, 195 ACTUAL SIGNATURE		, 19 <u>58</u> , to occurred at 2:15	AM, from the causes ADDRESS (Street, city or tow	and on the d	saw the deceased late stated above DATE SIGNED
PHYSICIAN'S NAME (TYPE) RICHARD A.	CATES, M. D.	OLNEY	. MARYLAND		/
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL July 3, 59	Brooke vill		22d. LOCATION (City, faw.		(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS aytonsville.		D BY REGISTRAR 24b. RE	GISTRAR'S SIGNAT	URE

	HHITRED SET		
Street was a series of Services and Others and and			
The second secon			
21000000	1717 200		
		A Paris	
A TOTAL DE THE THE TOTAL SERVICE			
The state of the s		TOTAL NO.	
			netton
Tating in your		WE WELL TO	
Car let II . spread to	THE STORY		
	dente la se		
as been not seven by an except one of a field the constant			
At both and are of the incode of the Arch Arch Arch Arch Arch Arch Arch Arch			
projection and the second			
ger de de verende de v			1200

M

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6943 CERTIFICATE OF DEATH

116911 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MOT	tgomery		MARYLAN		o. STAL MATTER	Where decease and	d lived. If instituti b. COUNTY			omer	
b. CITY OR TOWN RURAL ond give Olney	(If outside corporate limits, nearest town)	write c. LENC	GTH OF STAY IN	16	c. CITY OR TOWN (I		rote limits, write R		give ne	arest town	n)
	nery Count		ral Hos	p.	d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	First Margar	et	Middle R.		Duvall	4. DATE OF DEATH	Mon 6		29) _	Yeor 1959
S. SEX Female	6. COLOR OR RACE White	MARRIED TO	NEVER MARRIED [DATE OF BIRTH 6-25-96		9. AGE (In years last-bishday) yrs.	IF UNDE Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPAT during most of wo HSWI	ION (Give kind of work do prking life, even if retired)	one 10b. KIND OF	BUSINESS OR IN	NDUSTE	Maryla		ountry)				COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
John Ra	ab				unkno	wn					
15. WAS DECEASEDEN	/ER IN U. S. ARMED FORCI		SECURITY NO.	17. INF	ORMANT		Add	ress			-
no			10	C.	Vernon D	uvall	, Gaith	ersb	urg	, Mc	1.
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O	g the under-	TICAL TIONS CONTRIBU	tes	M BUT N	UliLES OT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PA	7 3 RT 1(o) 1	PERFC	AUTOPSY PRMED?
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING 2 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	06. DESCRIBE HO	W INJURY OCCU	JRRED.	(Enter noture of injury i	in Port I or Por	t II of item 18.)				
20c. TIME OF INJU Hour o. m.	10	20d. INJURY O	t while	e. PLAC focto	E OF INJURY (Home, for ry, street, office bldg.,	orm, 20f. (City etc.)	or lown)		(County)		(Stote)
21. I certify alive an	that lattended the a	deceased from 1954 Ker	n. 151 , and that de	15.	, 1946, to		1959 In the causes of treet, city or town,	and on		te state	decease ed abav ATE SIGNE
220. BURIAL, CREMATI REMOVAL (Specifi Burial	7/2/59		AME OF CEMETER		leth.	r	IION (City, town,	Me.	1.	(Stot	e)
23. FUNERAL DIRECTO	Molesun	the AD	Damasc	us	Md. DATE	JUL 2		lithun.			

	ATT-RELATED SHIP			
HBU ALON ST	ATE OF DEATH			
			The state of the s	100 C
	reservation of			Vanto
	And the second	gadi Jeann	draine vers	
	an Alayon	&	id (1)	
	8-22-8	Here Cale	23.146	
ara baran j	- bentyze			Switch 1
And an experience of	La est experience.		4537	
				A MEN
to december			33/1/11	r
The service of the later	5 E			

VS A15 (4) 15M 10/57

1	1
4	
-	V
1	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

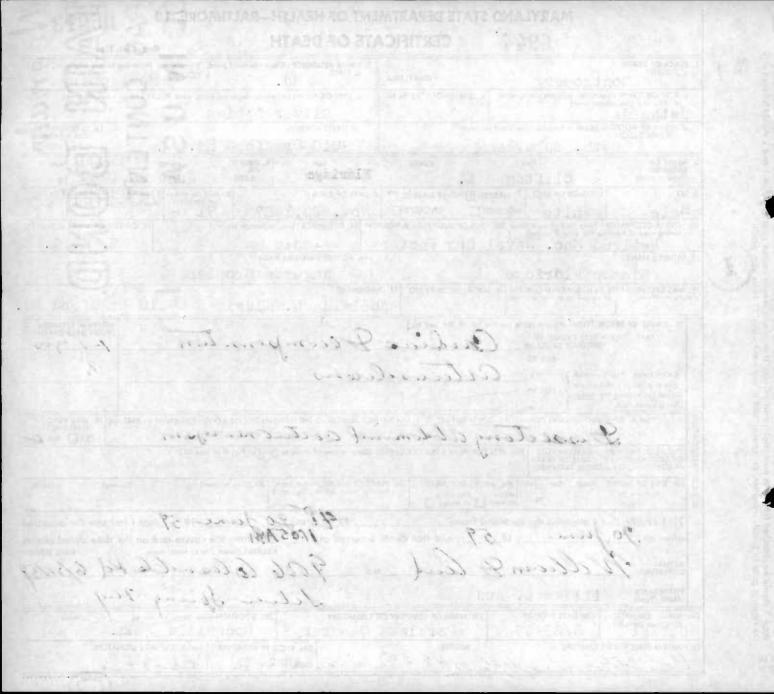
CERTIFICATE OF DEATH

6944

06913

Reg. Dist. No.

M)	1, PLACE OF DEATH a. COUNTY Montg	omery	MARYLAND	II o STATE	DENCE (Where decease	sed lived. If institution b. COUNTY	on: Residence bel	
	b. CITY OR TOWN (If outside RURAL and give neorest to Bethesda	e corporate limits, wri	c. LENGTH OF STAY IN 18	1-1	TOWN (If outside corp		URAL ond give n	earest town)
074	d. NAME OF HOSPITAL (If n	ot in hospital, give str		d. STREET	ilver Spr ADDRESS D Bradfor			e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First Clifton	Middle .	Eldridg			e 20,19	959 19
	UA -		ARRIED NEVER MARRIED DIVORCED	2.00	H 20,1887	9. AGE (In years lost birthday) 71 yrs.		R IF UNDER 24 HRS. Haurs Min.
	during most of working life Retired 13. FATHER'S NAME	Mac. Nav	ob. KIND OF BUSINESS OR INI al Gun Facto	Ty -	India na MAIDEN NAME			OF WHAT COUNTRY?
	15. WAS DECEASED EVER IN U.	Eldridge S. ARMED FORCES? ve wor or dates of service)	100.00	INFORMANT	ugusta Cr	Add		adford Rd
0	Conditions, if any, wh gove rise to immedicate (a), stoting the und lying cause lost. PART II. OTHER SIGNOR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICATION CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICATION CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICATION CALL (IF EITHER) CA	DIATE CAUSE (o) DUE TO ich de (b) de (c) NIFICANT CONDITION ERLYING (C) SERVING (C) SERVING (C) LE EXAMINER (C) oth, Day, Year 20.		RED. (Enter nature o	of injury in Part I ar Po	art II of item 18.)		YES NO
1	21. I certify that I a alive an O ACTUAL SIGNATURE	19 of	9.59, and that dea	. 194	810 20 10 1605 April 10		and on the de	saw the deceased of the stated above. DATE SIGNED LESS LES LESS LES LE
0	220. BURIAL, CREMATION, 22b REMOVAL (Specify) BUT 12 1 23. FUNERAL DIRECTOR'S SIGNA	6/23/59	22c. NAME OF CEMETERY Parklaw ADDRESS	or crematory n Cemete	ery ko	ATION (City, town, ockville	Md.	(Stote)
9	West of These	32/3/	Henry 1812 9	a lene.	DATE N 2 5 '59		STRAR'S SIGNATU	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6896 CERTIFICATE OF DEATH

Reg. Dist. No.

keg. Dist. 140.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES \(\text{VES} \(\text{ NO \(\text{VES} \)} \)
ii 110 Mapieton Diive
Lost June 13, Page 19 59
B. DATE OF BIRTH May 1, 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IF UNDER 24 HRS
JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Vinginia
Virginia 14. MOTHER'S MAIDEN NAME
Mary Houser
INFORMANT Address
Lillian E. Elmore-Item # 2
INTERVAL BETWEEN ONSET AND DEATH
of arisina / wh
ri carcinoma 6 mm
in of livin / m
T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
an Emphresian PERFORMED?
ED. (Epoter noture of injury in part I or Port II of item 18.)
LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State actory, street, office bldg., etc.)
h occurred at 7:30AM, fram the causes and an the date stated abave
ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNET M.D.
Maryland
OR CREMATORY 22d. LOCATION (City, town, or county) (State)
tery Leesburg, Virginia
24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
and DATEJUN 1 6 '59 arily & Kraus

th. Page 4 filled in by the funeral director, Pages 1 and 2 shauld be fited-with **SICIAN**: The law requires that the death certificate be executed within 24 haurs offentending physician. may be retained by the haspital thending physician.

TO FUNERAL DIRECTOR: After the cartificate has been signed by the attending physician and camples page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. the registrar priar to burial, cremotian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR

VS A15 (4) 15M 9/58

On a month of l	S ban				
	sala. Kalaida			avera C nor	- Harrie
E1 a	aut mile	S GROWN	, A	SECRE	
121 1 12	1885	LYAM Bloom			
	ginig				re ura
	newoll vo			grouls .i	400
	S. Elmore-Hem	184	E-08-2-30-3		No

ithin 24 hours after path. Page 4 filled in by the funeral director, Pages 1 and 2 shauld be filled with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6945 CERTIFICATE OF DEATH

06915

Rea Dist No.

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
MONTGOMERY MARYLA	MARYLAND MONTGOMER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1, A-
BENTESDA 4-NRS	7.00.77.0307
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION SUBVICED AV 405P/74(1 d. STREET ADDRESS ON A FARM? 9708 BEILEVILE DRIVE ON A FARM? YES NO
NAME OF First Middle	
DECEASED (Type or print) MARGARET G	FITEPATRICK ADATE OF DEATH Month Day Yeor OF DEATH 4 8 1959
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH , 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE WHITE WIDOWED DIVORCED	- lost birinday) Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGISTERED NURSE RETIRED	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. S. A.
3. FATHER'S NAME	14. MOTHER'S MAJOEN NAME / RELIGIO
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT A L Address Sup to PRANT
(Yes, no, or uningen) (If yes, give war ar dates of service)	Hospital Records - Bethesda M
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (e):	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	nous actions 2 min.
454X DUE TO	100
Conditions, if ony, which gove rise to immediate (b)	Lucius Class 396
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	CURRED. (Enter nature of injury in Part I or Port II af item 18.)
	0e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	factory, street, office bldg., etc.)
21. I certify that I attended the deceased from 6/8	1955, to 618 , 1955 Shat I last saw the deceased
110 -617	
and on the first of the first o	death occurred at / M, fram the causes and on the date stated above ADDRESS (Street, city or tawn, state) DATE SIGNED
SIGNATURE MAS () Arrana del	M.D. 2800 Roseworkd NW. 6/8/s
PHYSICIAN'S THAS, A. HUPRAGEL	washington, D.C.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETI	ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BUFFALO NEW YORK
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1	Man Stall 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
martin w Hypory too.	D. C JINW JUN 1 0 '59 arthur S. Hroug

requires that the deoth certificate be executed within 24 hours aft remove corbon papers ptrending physician. ertificate has been signed by the attending physician and camp as the buriol-transit permit. Then please remove corbon paper ansit permit. Then please remove corbon pap and in any event within 72 hours after death. or removal, poge 3 shauld be detached far use as the registrar prior to burial, crematian, may be retained by the haspite TO HOSPITAL OR

VS A15 (4) 15M 9/5B

Disserver, or carry Pic wilder Trans BENEVER WORKE KENTYLDER Executifus; for se a line Commence of the second of the second

FOR STATE HEALTH DEPT

Page Page of Files. M

DEPUTY MEDITY: EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessecute the certifier, withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral dirth should be forwarded to the set Medical Examiner's Office along with form PM3. Page 5 be retained for y D FUNERAL DIRECTOR: Page 5 should be used as a burial-transit permit. File pages 1 and 2 and the Slate Board or its designated agent, prior to burial, cremation, or removal, and in any eventuality. Thours after death. execute the certification of should be forwarded to the TO FUNERAL DIRECTOR: Page ...

TO DEPUTY MEDI VS. ATSME 8M 2/57

689 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

•		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
	•	MONETE MARYLAND	o. STATE b. COUNTY b.	/
	Ь	. CITY OR TOWN (If outside carporat fimils, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve negrest town)
		and give reares fown)	X el fundament	
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		md 18-115-	RFU # 2	YES NO W
	8	NAME OF First Middle Middle Property State A	Lost 4. DATE Month OF DEATH	Doy Year
	5. 5	The survey of the	ATE OF BIRTH 9. AGE (In years IFUNDER 1YE	4 1937
	0. 3	male W. + WIDOWED NEVERMARRIED 8.	3-21-45 Sail birthdorf Months Day	
	10a.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTI		N OF WHAT COUNTRY?
	d	uring gloy, of ypring life, even if retired) ################# Carpenter Building Con.		90
1	13.	PATHER'S NAME	West Virginia 27	3.2
)		U Cyprianus Fitzwater	Clarenda Delawder	
	15. [Yes,	no, or pulnown) 1 [If yes, give war or dates of service)	FORMANT Address	
		No Co	ora Fitzwater Same As	2
	1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	1 +.	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCGUOLICAL TO	rarelion	hous
		420.1 DUE TO (1)		0
		Conditions, if any, which) (6) Corenary	eclussion	Cours
		gave rise to immediate cause (a), stating the underlying DUE TO	HA 1 + 1	0
		couse last. (c) flemerhage into A	theroseleiobe plague	rous
5	ğ	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	o) 19. WAS AUTOPSY
1	3	Mucou obstruction of Trac	choa and asperation gastice conten	YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part 1 or Part 11 of ich 18.)	
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 120f. (City or town) (County)	(State)
	MEDICAL	Hour e. m. While Not while facto	pry, street, office bldg., etc.)	
	4	21. I certify that I took charge of the remains described above	ve, held on Autopsy X, Inspection , Inquiry	, and in my
		opinion death resulted from: Natural causes Accident	, Suicide , Homicide , Undetermined man	
,		SIGNATURE Trank & Brownhaup	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
1			ASSISTANT MEDICAL EXAMINER	1
		EXAMINER'S FLANK J. Brosch	2 ht DEPUTY MEDICAL EXAMINER &	-37
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)		(Stole)
		Burial June 6 Valley Vie	Nokesville	Virginia
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	TURE
	1	Laytonsville	Ma DATE JUN 8 '59 arily 8. 1	thous

allega a		IMEDICAL EXAMIN	
76	Con. Inet Timuleis Olamente Colema	Fitzenter.	
g ak ami			
	All the second of the second o		
			The second second
manus.	Table of the following the first of the first of the following the first of the fir		
		vellar a s	The first of
THE RESERVE OF THE PARTY OF THE	of the state of the state of	TAVE TO I VAL	

6946 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

-	ļ	U	y	1	7

(State)

		- MI	EDICA	tem II Film	162111	1-8-59 et	VIE OF	DEATH	Reg. Di	st. No.	
1. PLACE OF O. COUNTY		gomery		MARYL	LAND	2. USUAL RESIDENCE o. STATE Ma:	(Where deced	b. COUN	Iulian: Residen	nce before	admission)
b. CITY OR and give	OWN (If our	side corporate limits, wri	e RURAL	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN	(If outside co	rporote limits, writ	e RURAL ond	give neore	est town)
		or institution		spital, give street address))	d. STREET ADDRESS				7.0	ON A FARM?
3. NAME OF DECEASED (Type or pr		Fid Fid T.	raf	Middle		Lasi	4. DATE OF DEATH	Man		Day	Year
5. SEX mal	6			ED NEVER MARRIED	8.	Jr. DATE OF BIRTH 4/20/1909		9. AGE (in years lost birthday) 50 yrs	Months	YEAR IF	UNDER 24 HRS
during mast	CUPATION of working I	(Give kind af wark ife, even if retired)	dane 10b.	KIND OF BUSINESS OR IN	NDUSTR'		te or fareign	country)	12. CITI2	TEN OF W	HAT COUNTR
13. FATHER'S	NAME	lynn Sr.				Ada Mul					- 18
15. WAS DEC		IN U. S. ARMED FC yes, give war or dotes al	tervice)	social security No.		Police Rec	ord.	Addre	15		
18. CAUSI	T I. DEATH	[Enter only one co WAS CAUSED 8Y: MEDIATE CAUSE (o	use per line	for (a), (b), and (c).]						INTERVAL ONSET AN	BETWEEN ND DEATH
gave rise	5x ns, if any, to immediat g the und	DUE TO (b)	cru	shed neck a	nd c	hest				sud	iden
CATION PA	T II, OTHER	SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINALDISEA	SE CONDITION G	IVEN IN PART		ERFORMED?
CAUSE O	MAL CAUSE For CONTR DEATH.	WAS DIBUTING []	Drive	e how injury occurrer of farm t	ract	or which u	pset				
20c. TIME	OF INJURY p. m.	Month, Day, Ye 6/29/5919	ar 20d.	INJURY OCCURRED 204	e. PLACI	OF INJURY (Home, for street, affice bldg., e	rm, 20f. (Cit	oodfield	Mon te		(Stole)
				remains described causes [], Accid			_	_	, Inquiry ermined m	C. Carrier	and in m
ACTUAL SIGNATU	步	and for	Bu	relant		M.D. CHIEF MEDICAL				DA	ATE SIGNED
EXAMINI NAME (T		Frank J.	Brose	chart		ASSISTANT MEDICA			6/2	29/59	

22c. NAME OF CEMETERY OR CREMATORY

Howard Chapel

Damascus, Md.

DATE JUL 2

22d. LOCATION (City, lown, or county)

Long Corner, Md.

arthur & there

execute the 4 should be 10 FUNERAL or its design VS. A15ME

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 7/3/59

ST ARCHITAS HTEASTRON THEMTEASHESTATE GREATHERAN OR THAT HE OF TWATER

Ting.

STATE SOF

6	ie :		
	THE WELL THE WAR		
	14		
		一	
The second second second			
	Martin Land Street Street		
			AND THE REAL PROPERTY.
	low purify and lot		
.4G			
	Same and the same		
	The first state of the state of the	must read to hearing	
14			THE THE PART OF
14			THE THE PART OF
Ar Syst SLS			Part of The Property of the Pr
Ar Syst SLS			Title and the later
14			1:00 22 00:1
Ar Survey SLO			1:00 27 00:1

CERTIFICATE OF DEATH

06918

/	-	1
(M	

oth: Page 4

y filled in by the funeral director, Pages I and 2 should be filed with

FUNERAL DIRECTOR: After the infiliate has been signed by the attending physicion and compage 3 shauld be detached for the as the burial-transit permit. Then please remove carban paper e registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft by be retained the hospi

	1				
		115			
15	M	10	1/5	7	

	Reg. Dist. No.
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Montgomery MARYLAND	6. STATE Mary land 6. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Gaithers Durd	Baltimore 3VALII
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
Isbury Methodist Home	1 109 11. MITOTIAVE YES NO E
NAME OF DECEASED (Type or print) NAME OF First Middle Eleanor	C FOR OF Month Day Yeor OF DEATH 9 1957
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Lemale White WIDOWED DIVORCED	12-12-1878 lost birthday) Months Doys Hours Min.
. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
during most of working life, even if refired)	Mariland 1150
Orker- Book Bindery VVorker-Bookland	14. MOTHER'S MAIDEN NAME
	44. MOTHER S MAIDEN NAME
Samuel C. Ford	Ame C. Medner
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
No 212-07-3405 A	Isbury Methodist Home for the Aded In
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
DART I DEATH WAS CAUSED BY	OSEULAR Aceident S-26-3
	SEUFAR MEEIGENI 5-26-5.
443X DUE TO	
Conditions, if ony, which gove rise to immediate (b) HYDERIENSIVE	CARdioVASEVLAR LISEASE
cause (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	ACE OF INJURY (Hame, form, 20f. (City or tawn) (County) (State
Hour o. m. While Not while for	ACE OF INJURY (Hame, form, ; 20f. (City or tawn) (County) (State: ctory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram. 6-4	1958, to 6 - 9 , 1959, that I last saw the decease
alive on 6 -8 1959 and that death	accurred at 1 30P M, from the causes and an the date stated above
1 A	ADDRESS (Street, city or town, stote) DATE SIGN
ACTUAL & SO M/	1 2 00
SIGNATURE ALLENO	MD. 10/28 CEDARLANE 6-9-57
PHYSICIAN'S 1) - Sanah Elizahat	
NAME (Typo) Darah E 112abet	h Croyer
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City. town, or county) (State)
Burial 6/11/59 Oak Lawn, Ce	m. Balto. Md.
ADDRESS ADDRESS	1 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Mm. Inkult 4 Sous-1200	DIT DATE JUN 1 0 '59 arthur & Frank
	Mil
	· pool

HILDH BENDOMINA	ATTE OF DEATH	47 centific		
			11	
		1 1 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10		
	The Asian			
	54			
0000				
15 To				
Service Torre	NOCKLAND PLLE	17 18 2 5 6 5 7 7 7		
Lun of south	\$ 184 S & C. 185 Ca.	the pertinent is		
			Table of the	
other many referring to the first and puri		4-3		
54 25 E	12 12 12 1 N	Men	lank E	
The state of the s				
BAUMON W TOWN	CALCON HILL	A STATE OF S	A NAME OF THE PARTY OF THE PART	

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
--	---

6948 CERTIFICATE OF DEATH

116919 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomery Co	unty MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Resid b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) Bethesda	te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF or	utside corporate limits, write RURAL on	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give str OR INSTITUTION 6505 Callander Dr		d. STREET ADDRESS	Street N. W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) W1111a	Middle	Foster	4. DATE Month OF DEATH June	Day Year Z 9 1959
	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6/19/1880	9. AGE (In years list UND lost birthdoy) / yrs.	DER 1 YEAR IF UNDER 24 HRS. IS Doys Hours Min.
Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker- Retired 3. FATHER'S NAME Louis Foster		11. BIRTHPLACE (Stoke of Baltimor 14. MOTHER'S MAIDEN N unknown	e, Md.	CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		INFORMANT Vilbur A. Fo	ster -14 Bryan	ashington,DC t St.N.W.
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	generally NS CONTRIBUTING TO DEATH BU	ed arle	NAL DISEASE CONDITION GIVEN IN P	PART 1(o) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	ort I or Port II of item 18.)	YES NO
Hour o.m.		LACE OF INJURY (Home, form, octory, street, office bldg., etc.		(County) (Stote)
21. I certify that I attended the decorative an 10 - 2 0 1 1 ACTUAL SIGNATURE THAT IS THE SIGNATURE THAT IS TH	15-0		2 - 27, 19 Shat I M, from the causes and on (ADDRESS (Street, city or town, stote) I Mey Ham	last saw the deceased the date stated abave. DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Durial 7-2-59	22c. NAME OF CEMETERY C	Cemetery	22d. LOCATION (City, town, or count Prince Georges	(Stote) Co. Marylan
23. FUNERAL DIRECTOR'S SIGNATURE The S. H. Hines Com	ADDRESS Ipany-Washingt		BY REGISTRAR 246. REGISTRAR'S	

Manage Transaction The same of the sa The state of the s with the results of the manual manual transfer and the second transfer the hall the least of the transport of the second reserve the common tangent of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 FilmG244 7-8-59 et CERTIFICATE OF DEATH

|--|

6949

Reg. Dist. No. 215

o. COUNTY	ntgomery		MARYLAND	o. STATE	CE (Where deced rland	sed lived. If insti b. COUN		ce before odr	nission)
b. CITY OR TOWN (If or RURAL and give neare	est town)		NGTH OF STAY IN 16			porote limits, writ	e RURAL ond	give nearest to	own)
d. NAME OF HOSPITAL	(Rural)		~~,	Hyatts			1612	le. IS	RESIDENCE
OR INSTITUTION						Deadnes		10	N A FARM?
	Naval Hos	spital			rkshire				
3. NAME OF DECEASED	First		Middle	Last	4. DATI		Manth	Day	Year
(Type or print)	Nellie	JEN V	Commo	FULLER	DEA		-	iune	19 59
5. SEX 6.	. COLOR OR RACE	MARRIED E	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In year		Days Hou	
Female C	aucasian V	WIDOWED	DIVORCED [11 Octobe	r 1895	63,61	rs.	50/3 1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Oa. USUAL OCCUPATION during most of working	(Give kind of work do	ne 10b. KIND	OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE	(State or foreign	country)	12.CITI	IZEN OF WHA	T COUNTRY?
Housewif				Vermo	nt			U.S.A.	
3. FATHER'S NAME				14. MOTHER'S MA				0,0,,	
114224 TI C	101860			72.7	T/TENTATIONS				
William H. C		FS2 14 SOCIA	I SECURITY NO	INFORMANT	KINNEY		ddress 834	Dowles	hima D
	es, give wor or dates of serv	rice)							
NO		NO:	NE S	Stanley R.	FULLER,	YNC USN	ET Hya	ttsvil	le Md.
Conditions, if ony, gave rise to imm cause (a), stating the lying cause last. PART II. OTHER	ediote under- (c)_ SIGNIFICANT CONDI		no peleva Jeneraly Buting to DEATH BU					PER	AS AUTOPSY NO IM
OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)			LACE OF INJURY (Hon				County)	(State)
20c. TIME OF INJURY Hour o. m. p. m.	19	While 1		octory, street, office blo		,	,	200111/1	(0.0.0)
21. I certify that alive on Jur ACTUAL SIGNATURE F. H. PHYSICIAN'S NAME (Type) F. I	ie 29, i. O. Com i. O'CONNEI	, 1959 J.J.	_, and that deat	м.D	20PM, fra	m the causes (Street, city or to Hospita	and an the	e date stat	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial		22c.	NAME OF CEMETERY	OR CREMATORY	22d. LO	CATION (City, tow		Md •	Stote)
Lee Funeral	IGNATURE 4	th and	Mass. Aven	10 N E 24	a. REC'D BY REG		Cottun 2	GNATURE	

Page 4

filled in by the funeral director, Pages I and 2 should be filed with SICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the haspital intending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample of the page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers, page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers, the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after deported.

to go and the rate of the second of the second of Carles of the Archael Loven to the Community of the Archael Community and the Archael Community and the Archael Community and the Community of HERENESS, E. POCKERS, Lt. NO. U.S. L. Machanger, carriers reflyeors i ddynami mogathae .oct

Page 4

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Then please remave carbon papers.

D FUNERAL DIRECTOR: After the Artificate has been signed by the attending physician and campit page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers the registrar priar to burial, crematian, ar remaval, and in any event within 72 hauge effect death. Hending physician.

TO HOSPITAL OR A VDING PI may be retained by the haspital TO FUNERAL DIRECTOR: After th

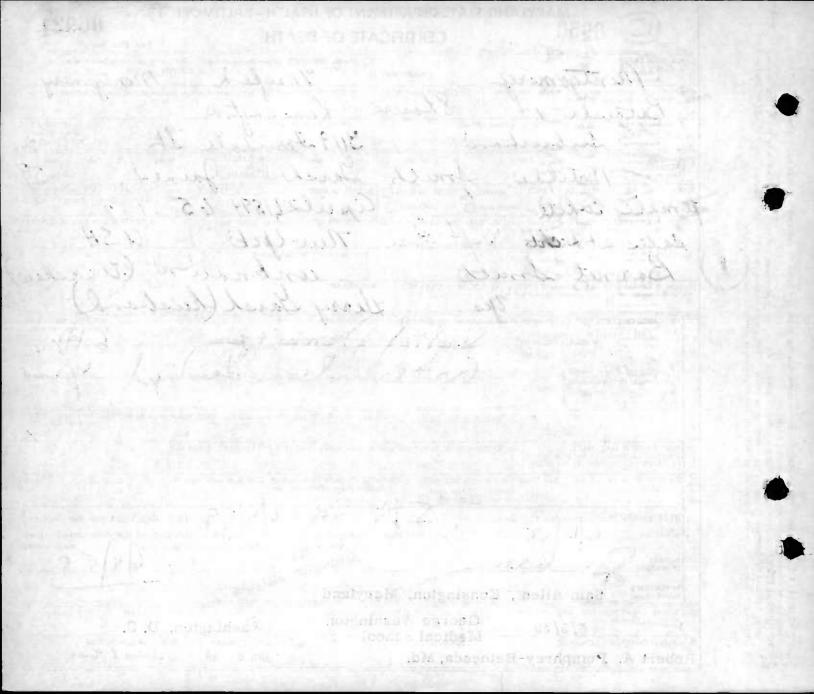
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6950

CERTIFICATE OF DEATH

06921

		CERTIFICA	AIL OI DEAILI		Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY b. CITY OF TOWN (I	ntal mercy foutside corporate limits frite	MARYLAND	2. USUAL RESIDENCE (Where o. STATE C. CITY OR TOWN (If oyls)	led b. COUNTY	montar	nery
RURAC and give no	AL (If not in hospital, give street	Stour	d. STREET ADDRESS	gton		IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	Suburha	, Middle	31/9 Fern	DATE MO		Yeor
(Type or print) 5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH	9.4 (In years lay birther)		UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION during most of work			JSTRY 11. BIRTHPLACE (State or 1)		12. CITIZEN OF W	HAT COUNTRY?
13. FATHER'S NAME	net Smi	LA SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAM	noun	J. E.Wa	rsheu
(Yes, no, or unknown)	(If yes, give wor or dates of service)	ks.	Verry Gar	sh (hus	band	AL BETWEEN
	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO ny, which (b) mmediate (DUE TO	Cortes	Hansk	Tent	gel Greet	AND DEATH
ICATIC			T NOT RELATED TO THE TERMINA ED. (Enter noture of injury in Port			WAS AUTOPSY PERFORMED? ES NO X
	CAUSE OF DEATH MEDICAL EXAMINER)	INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form,	20f. (City or town)	(County)	(State
20c. TIME OF INJUR Hour o. m. p. m.	19 Whill at we	ork ot work	actary, street, office bldg., etc.)	100		
alive an	at lattended the deced	sed fram. , and that death	NA B.	fram the causes ar		
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Sam Allen . K	Kensington, Ma	7490	l.D.	6/15	
220. SURIAL, CREMATIC REMOVAL (Specify)	6/5/59	George Wash	or CREMATORY 122	d. LOCATION (City, town, Vashington,	D. C.	(Stote)
23. FUNERAL DIRECTOR	s signature Pumphrey-Ref	ADDRESS	24a. REC'D 8		ISTRAR'S SIGNATURE	44



15M 10/57

HIARDRO BEADINERSO
The Court of the C

Length from any the second state of the second state of the web on the spile. Lowe I am West little that For you suburban here like prove March Cornelian Training C. White in SHOWING LADON DUNG WENT TO THE STATE OF THE 12 12 Sunt waster Per 1 the wife from en electrical A STATE OF THE PARTY OF THE PAR 0 12

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

06924

	LACE OF DEATH				2. USUAL RESID	DENCE (Who	re deceased l	ived. If institution	on: Residence	before admission	n)
1	Monts of	meru	M	ARYLAND	o. STATE	IAM	1	b. COUNTY	Prince	Con	ra es
t		outside terporate limits, we	ite c. LENGTH OF S	TAY IN 16	-			te limits, write R		-	
1	Akoma 1	0 1			Han	4431	ulle	/	615.	- 2.	A
	OR INSTITUTION	L (If not in cospital, give st	1		d. STATET A	DDRESS	,	-1		e. IS RESID	ARM?
	wash.	Sanstariu	in of 1405	p	14/2	7 KG	eatar	1 57.		YES 🗆	NO DA
	NAME OF DECEASED Type or print)	· First	01	dele	lost	bons	4. DATE OF DEATH	-Jun		,	57
5. S	EX	6. COLOR OR RACE 7.			B. DATE OF BIRTH		9			EAR IF UNDER	-
	F			RCED	- /	30,19	25	AGE (In years last birthday) 33 yrs.	Months Do		Min.
10a	USUAL OCCUPATION	N (Give kind of work done ng life; even_if retired)	106. KIND OF BUSINE	SS OR INDU	STRY 11. BIRTHPL	ACE (State o	r foreign cou	ntry)	12. CITIZE	N OF WHAT	OUNTRY?
	House				1/1	1.			11	15.A.	
13.	FATHER'S NAME	44			14. MOTHER'S	MAIDEN NA	ME				
					en.		01	. / . /	/		
15	WAS DECEASED EVER	IN U. S. ARMED FORCES?	SOCIAL SECUPITY	NO 117 I	NFORMANT	14	DIGA	1 brek			
(Yes	no or unimown)	yes, give wor or dates of services	July 300 Miles		1 -1 (/1 .	un a	/	0/	1 11	.11
4	nknown				usbase	1-19	11/ 8	uatan	Dt, 15	yatts	cille
		H [Enter only ane cause p	er line for (a), (b), and	(c).]	-6.8					INTERVAL BET	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Janquaration / Rows										
	6/2 × DUE TO D - O Comment of the same of										
	Conditions, if any, which) (b) Kuzlured Swer Werne Muscle)										
	gave rise to immediate										
	couse (a), stating to lying cause lost.	ne under-									
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY										
5	PART II. OTH	EK SIGNIFICANT CONDITIC	NAS CONTERBUTING TO	DEATH BUT	NOT KELATED IS	INE TERMIN	INT DISEASE	LONDITION GIV	EN IN PART I	PERFOR	MED?
2	10	rm fre	5 nance		Delin	ery				YES	NO 🗆
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	LI CAUSE OF DEATH L 1/	DESCRIBE HOW HOTE	RY OCCURRE	D. (Enter nature of	f injury in Po	art 1 or Part 1	l of item 18.)			
3	20c. TIME OF INJURY	Month, Day, Year 2	d. INJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form,	20f. (City o	r town)	(Cou	nty)	(State)
MEDICAL	Hour a.m. p.m.		hile Not while work at work		ctory, street, office	bldg., etc.)					
	21. I certify the	at I ottended the dec	eosed from 9	-Jul	ne, 1959	, to /	1 Ju	ne 1957	that I las	t saw the c	leceosed
	alive on 11	June !			occurred of						
	'n			Λ				et, city of town,			E SIGNED
	ACTUAL SIGNATURE X	waill B.	Unsle		M.D. 88	0/	Cole	sull	e Rd	. 6/1	1/59
	PHYSICIAN'S T	Russell	B. AR	NOR	4 5	lue	- 50	ring.	md.		
220	BURIAL CREMATION REMOVAL (Specify) DUPIAL	6/15/59	22c. NAME OF	CEMETERY O	R CREMATORY	1		ON (Sity, town, o		(State)	
23	FUNERAL DIRECTOR'S	1 4/ //	O O O ADDRESS :	1 0:	NT 11	Dr. Brc's	BY REGISTRA		irgini		
_		Hines Co.	290100 154 t						Thun & to		
	710 00110	1121100 000	Washingt	on 9	D.C.	DATE JUN	1 5 '59	en	15447 A. 76	nould	

VS A15 (4) 15M 9/55

the state of the state of the state of the D - Station was true A Train with the Art Amber in Control of . di la etal. R. la sas pope

remove

should

3

0

VS A15 (4)

15M 10/57

\$

x 25 1870 177. Russin 11.5.4 THE THE PARTY

VS A15 (4) 15M 9/55 06926

6880 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	MONTGOMERY		MARYL	II a STAT		there deceased live	d. If institution b. COUNTY	Residence before MONTGOMI	
b. CITY OR TOWN (I RURAL ond give no TAKOMA PA	100 W 100	ls, write	c. LENGTH OF STAY IN	100	OR TOWN (IF	outside corporate RK	limits, write RUI	RAL and give near	est town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, gi	ive street	oddress)	11/	ET ADDRESS	ON LANE		•	IS RESIDENCE ON A FARM? YES NO 🔼
3. NAME OF DECEASED (Type or print)	Fin HARI		Middle	G	Lost DLD	4. DATE OF DEATH	JUNE	Doy 17	Year 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRIED ED DIVORCED		1883	l le		F UNDER 1 YEAR Manths Days	F UNDER 24 HRS. Haurs Min.
MERCHANT—	king life, even if retired)	dane 10b.	KIND OF BUSINESS OR	PO	THPLACE (Store LAND HER'S MAIDEN		γ)	U.S.	WHAT COUNTRY
	COL D			- 44		HAME			
MORRIS N.	R IN U. S. ARMED FOR	CESS 16	SOCIAL SECURITY NO.	17. INFORMANT	KNOWN		Addre	45	
IYes, no. or unknown]	(If yes, give war or dates of se	ervice)		DAVID G	OLD 8	603 BAR			12. D.C.
Canditions, if a gave rise to it cause (a), stating lying cause lost. PART II. OT	mmediote the <u>under-</u> DUE TO		CONTRIBUTING TO DEAT	H BUT NOT RELATI	D TO THE TERM	MINAL DISEASE CO	NDITION GIVE	N IN PART 1(a) 19	. WAS AUTOPSY PERFORMED? YES NO!
THER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nat	ure of injury in	Port I or Part II a	f item 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	Y Manth, Day, Yea	While	NJURY OCCURRED Not while th of work	Oe. PLACE OF INJ factory, street,	JRY IHome, far office bldg., et	m, 20f. (City or t	own)	(County)	(State)
ACTUAL SIGNATURE	BLAIR H. EI	_ 12.	and that o	9 , 19 death occurred		M, from the ADDRESS (Street,	e causes an	id an the dat	w the decease e stated above DATE SIGNE
22a. BURIAL, GREMATIC REMOVAL (Specify BURIAL			MT. LEBANO			22d. LOCATION		county) WARYLAND	(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24g. REC	D BY REGISTRAR		RAR'S SIGNATUR	

VS A15 (4) 1SM 10/57 06928

Bethesda 2			20 days	days Washington			11	11-7 x-3			
d	OR INSTITUTION	AL (If not in hospital, given	e street oddress)	65 26	d. STREET	ADDRESS				e. IS RESI ON A	DENCE FARM?
	The Clini	cal Center,	Bethese	la 14, Md	1132	New Je	ersey Av	enue,	S. E.		NO Co
	AME OF ECEASED	First		Middle	lo		4. DATE OF	Mo	nth	Doy Y	'eor
-	ype or print)		ntiss	(none)	Goodw	rin	DEATH	Jı	ine	4, 1	9 59
S. SI		6. COLOR OR RACE	7. MARRIED N	NEVER MARRIED				GE (In years		YEAR IF UNDER	R 24 HRS.
	Male	0	WIDOWED [DIVORCED [January		TA 20	3 yrs.	Monns	roys nours	Min.
10a.	USUAL OCCUPATION during most of working	N (Give kind of work doing life, even if retired)	one 10b. KIND OF	BUSINESS OR INC	OUSTRY 11. BIRTHP	LACE (State of	or foreign countr	y)	12. CITIZ	EN OF WHAT	COUNTRY?
		ion Worker	Exca	avating			Carolin	la	U.	S.A.	
13. F	ATHER'S NAME				14. MOTHER						
	Oran Good					Davis					
		IN U. S. ARMED FORCE f yes, give war or dates of ser	AICE3	SECURITY NO. 17.						3. 17.	
	No		248-50	9265	The Clini	cal Ce	enter, E	etheso	ia 14,	Marylan	nd
		TH [Enter only one cou	se per line for (o)	, (b), ond-(c)-)		10			10	INTERVAL BET	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Aler	mah	on and	Lolle	placer	nent	n Cerel	e l'Il	- da
	133X	DUE TO	0 0	00	Λ		0 0				(
	Conditions, if on		Corele	Illan C	Thocean	- Car	sidio	clou	words	h 6 x	nos
	gove rise to im couse (o), stoting the		0		0				0	11	Λ
	lying couse last.	(c).	Tulm	only	Loccio	word	amore	and		41	10
o N	PART II. OTH	ER SIGNIFICANT COND	ITIONS CONTRIBU	JTING TO DEATH	UT NOT RELATED TO	O THE TERMIN	NAL DISEASE CO	NDITION GI	VEN IN PART	1(0) 19. WAS A	UTOPSY
S										YES	
	20g. ACCIDENT WAS	UNDERLYING A	Ob. DESCRIBE HO	W INJURY OCCUR	RED. (Enter noture	of injury in P	ort I or Port II o	f item 1B.)			
١٣١	IF EITHER, NOTIFY	MEDICAL EXAMINER)			NEW YORK						
Š	Noc. TIME OF INJURY	Month, Doy, Year			PLACE OF INJURY foctory, street, offic	(Home, form,	20f. (City or t	own)	(Co	unty)	(Stote)
MEC	p. m.	19		t while work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, c.c.,					
	21. I certify the	at I attended the	deceased from	May 1	5 19.59)_, to	June 4.	19.55	that I lo	ist saw the	deceased
	alive onJun	e 4.	, 19 59	, and that dea	th accurred at	11:50					
		1 100	-				ADDRESS (Street,				TE SIGNED
	ACTUAL SIGNATURE	Whent	1/20	000	_ M.D	The	Clinica	1 Cent	er	6/4/59	
	PHYSICIAN'S					Nat:	ional Ir	stitut	es of	Health	
	NAME (Type)	ALBERT TREG	ER, M.D.	J		Betl	hesda 1	. Mary	land		
220.	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF	22c. N	AME OF CEMETERY	OR CREMATORY	7-5	22d. LOCATION	(City stown,	or county)	(Stote)
123	KEMOVAL (Specify)	6-6-59	7				Han	VII.	- Mic	7,	
	morrax										
23	UNERAL DIRECTOR'S		AD	DRESS			BY REGISTRAR		ISTRAR'S SIGN		-
23	UNERAL DIRECTOR'S		AD 3	ORESS 6014-14"5	1. men		BY REGISTRAR		istrar's sign		

	THE PERSON NAMED IN	Test and seek
	Witness St.	
		in a series of the series of t
	Name of the last o	
A PLOS	Principal Price of Person	The state of the s
	A Comment of the Comm	
ATRICA MINTE	follows and improve a	Section 2014 Section and Applications
		and the second second second second
		and Danasi Anagona and President
		sullareas temps, projectory, high me

FOR STATE HEALTH DEPT.

M

Total Control

0

2

DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessible execute the certificate, writing a ward "pending" in penal in flem, 18. Give Pages 1, 2, and 2 to the funeral direction of the forwarded to the set Medical Examiner's Office along with form PM3. Page 5 be retained for your files. DEUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Health, ar its designated agent, prior to burial, crematian, ar removal, and in any event within 72-hours ofter death. execute the certificate, writing 4 shauld be farwarded to the TO FUNERAL DIRECTOR: Page 3 TO DEPUTY MEDIG

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06927

		- WIL	DICA	AL EXMINING	.K 3	CERTIFICA	TIL OF	DEATH	Reg. [Dist. No			
	PLACE OF DEATH	NTGOMERY		MARYL	AND	2. USUAL RESIDENCE o. STATE MARY		sed lived. If institu b. COUNT		dence bef			
t	and give nearest town)		RURAL	c. LENGTH OF STAY II	d 1b	c. CITY OR TOWN			RURAL on	d give n	earest ta	wn)	
	SILV	ER SPRING		8 yrs.		56 SILVER SPRING							
		LORAL STREE		spital, give street address		d. STREET ADDRESS 3505 FLORAL STREET e. 15 RESIDION A FA							
	NAME OF DECEASED	First		Middle		Lost	Manth)	Doy	Y	ear		
	(Type or print)	JOSEI	H	VINCENT	G	OUGH JR.	OF DEATH	JUNE		30	1	9 59	
5. 5	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIED	☐ B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE			ER 24 HRS.	
	MALE	WHITE	WIDOWI	DIVORCED	וכ	AUG. 4, 191	.6	42 угз.	Months	Days	Hours	Min.	
	during most of workin	g life, even if retired)		KIND OF BUSINESS OR IF	VDUSTR		LVANIA	- "		S.A.	F WHAT	COUNTRY?	
	Upholstere	r (Mayflow	er F	lotel					0.	0 . A .			
13.		COUCH CD				14. MOTHER'S MAIDEN CATHER IN		שידימים					
36		GOUGH, SR.		SOCIAL SECURITY NO.	17 10	FORMANT	E DOUG						
		(If yes, give war or dates of s WW #2	ervice)	.87-07-1883		. Blanche I	. Goug	h, 3505 H	lora	1 St			
	18. CAUSE OF DEAT	TH [Enter only one caus	e per line	e far (a), (b), and (c).				Silver Sp	ring	, Ma	YAL BETW	IFN ATH	
	PART I, DEAT	H WAS CAUSED BY:		Coronary of	eclu	si.on					Found dead		
	420.1	DUE TO								1 2 2	bed	•	
Conditions, if any, which) (b)										TH	Ded		
	gave rise to immed (a), stating the								-				
	cause last.	(c).			-								
ATION	PART II, OTH	HER SIGNIFICANT CONE	ITIONS C	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PA			AUTOPSY RMED?	
CERTIFICATION	20a. EXTERNAL CAL PRIMARY Or CON CAUSE OF DEATH.	JSE WAS NTRIBUTING []	. DESCRI	BE HOW INJURY OCCUR	RED. (Er	nter noture of injury in P	ort I or Port I	of item 18.)					
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	RY Manth, Day, Yea	Whi	INJURY OCCURRED 200 le Not while of work		E OF INJURY (Home, for ry, street, affice bldg., el		y or lown)	(Co	ounty)		(State)	
	21. I certify th	nat I taak charge	of the	remains described	abay	e, held an Autop	sy 🗍, I	nspection .	Inqui	ry 3	, an	d in my	
	opinian death	resulted fram: N	laturol	couses X, Accid	ent [, Suicide ,	Hamicide	. Undete	rmined	manne	r 🔲		
	ACTUAL SIGNATURE	trans & F	300	schent		M.D. CHIEF MEDICAL	EXAMINER [DATE S		
	EXAMINER'S NAME (Type)	FRANK G. BI	ROSCH	ART		ASSISTANT MEDICA				6/	30/5	9	
220	BURIAL CREMATIO REMOVAL (Specify) BURIAL	7/3/59	F	22c. NAME OF CEMETER				TION (City, town,		NIA	(Stot	e)	
23.	FUNERAL DIRECTOR WARNER E	. PUMPHREY,	INC	SILVER S	PRI	NG, MD. 240. RE	C'D BY REGIS		STRAR'S SI				
-	Julymon	ia a. Jisi				I valt							

MARYLAND STATE DEPARTMENT OF WEALTH SACRIMONS.

		NOTES MILES TO IN			
NOW!		Annual Tolling			
	PC-0				
	,	<u> </u>	CHI - Water 2		
	A SECTION OF SECTION O	Lieutene . 61 h			
			er selfere en oek	A MUSICINE OF	

PARTS ADA

79/63

SEAL SE	E OF DEATH	TADISTRED TO THE	
		STATE OF SHEET	
. 19	nga kito 7 d	eroal July 1	vinti taran

	may be retained the haspital ar attending physician. TO FUNERAL DIRECTOR: After serificate has been signed by the attending physician and came by filled in by the Toneral director.	page 3 shauld be detached forme as the burial-transit permit. Then please remove carbon pages, I and 2 shauld be filed-with	1
	The Tone	should b	
	illed in by	les I and	6
	ly i	per Pag	ė/
	on and co	carbon pa	the registrar prior to buriol, cremation, or remaval, and in any event within 72 hours after death.
-	ing physici	e remave	72 hours
	he attend	Then pleas	ent within
	igned by 1	permit.	in any ev
	physician as been s	iol-transit	aval, and
	may be retained the haspital ar attending physician. TO FUNERAL DIRECTOR: After crificate has been sign	as the bur	on, or ren
	aspital ar	d for	al, cremati
	ECTOR: A	se detache	ar ta burio
	ERAL DIR	3 should b	gistrar pri
	TO FUN	page	The re

-		Neg, Di	JI, 140.
12	PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence, STATE)	ce before admission)
	monigomery MARYLAND	Maryland. Mo	nigomeric
1	b. CITY OR TOWN It outside carporate limit, write c. LENGTH OF STAY IN 16 RUPAL and give leagest town)	c. CITY OR TOWN (If butside corporate limits, write RURAL and a	give (eprest town)
ĺ	akoma Park. 14 days	36 Silver Spring	•
•	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
1	ashington Janitarium allosbila	8712 Colesin 8Rd	YES NO N
	NAME OF First Middle	Lost 4. DATE Month	Day Year
	Type or print) Trene Mand	e Grove DEATH 6 -	16 1959
EX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Land Mark day of	I YEAR IF UNDER 24 HRS.
-6	male White WIDOWED DIVORCED	4-12-82 Months	Days Hours Min.
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, everyif retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
	House wile	Vivoisin	movica
f	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	C. L. C.
	Charles Timmons	Lucy Empire	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
	. no. or minown) (If yes, give wor or dates of service)	Hospital Records	
ĺ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	HEREF IIS	INTERVAL BETWEEN
l	PART I. DEATH WAS CAUSED BY:	, ,	ONSET, AND DEATH
	170 × DUE TO		" Carp
	01.1	enocarcinoma bladder	5 ZIKANAI
	Conditions, if any, which gave rise to immediate (b) (applicacy ad	enocaremona viena	0 74000
	cause (a), stating the under-	So starge from Carcuman Bust	3 200101
-	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	()	THE WAS AUTORSY
	Part I I Thek SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	1 11 4 4 . 1	1 (a) 19. WAS AUTOPSY PERFORMED?
	respective fractions res pages		YES NO P
ı	OR CONTRIBUTING CO	D. (Enter nature of injury in Part 1 or Part II of Item 18.)	
ı	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e-Pl Hour a. m. While Not while	ACE OF INJURY (Hame, farm, 20f. (City or town) (Cotary, street, office bldg, etc.)	County) (State)
	p. m. 19 at wark at work		And the same of th
	21. I certify that Lattended the deceased fram. /-/	0-, 1955, to 6-15 1959 that 11	ast saw the decease
	alive on 6-16- 1959, and that death	accurred at 6 M, from the causes and an th	
	1.1 10	ADDRESS (Street, city or town, state)	DATE SIGNI
	ACTUAL MCShaewahulla	40 8005 Wordbury Drive	
	11 0 0 1	m.v.	A
9	PHYSICIAN'S N. C. Shoe in a Nier, M.D.	- Selver Spring, Man	said
	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. (OCATION (City, town, or county)	(State)
	SEMOVAL (Specify) 6-18-59 Ft LINC	CLAD BLADENCRUPA	MD
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE
1	Joal Funeral Home 4419 Ho	aux Me DATE JUN 1 8 '59 arilun &.	1.4
-	7012 200	Out Office of	

To the second second second		
	Note that the part of the part	
	en al Tire de la companya del companya del companya de la companya	
		Total Hings

6957 **CERTIFICATE OF DEATH**

Reg. Dist. No.

06931

J		PLACE OF DEATH	atrome 27		MARYLAND	o. STATE	Mary]		lived. If institute b. COUNTY	Montgomery				
	ŀ		ntgomery If outside corporate limi sorest town)	ts, write	c. LENGTH OF STAY IN 16				ote limits, write R					
		Betheso	ia			X	X Bethesda							
	(OR INSTITUTION	AL (If not in hospital, g			d. STREET	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?							
		10401 1	lontrose	Aven	ue	10401 Montrose Avenue						S NO S		
	1	NAME OF DECEASED (Type or print)	Fir		Middle	HAMIL		4. DATE OF DEATH	Mon		Day	Yeor		
	(Type or print) BENJAMIN JAMES 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED								June		19	19 59		
H	5. \$			7. MARI		July 2			AGE (In years last birthday) 73 yrs.	Months A		INDER 24 HRS.		
	100	Male	White							120 (1717	511 05 111	1147 6044 17840		
	100.	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN during most of working life, even if retired)									HAT COUNTRY?			
)	C	ollection	on Manage	r	R.L Voight	& Co	Georg	gia		US				
	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN N	MAME						
		William	n Hamilto	n			?	Longl	.ey					
	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Addi	ess				
		O	(if yes, give wor or ourse or s	-	64-14-1887	Lela J	Ham	ilton-	daught	er-sa	me a	as 2d		
		18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]		/					L BETWEEN		
		PART I. DEA	TH WAS CAUSED BY:		al Almin	a t	DA.	1-11	P	- 6-	ONSEL	ND DEATH		
		15/X DUE TO												
		1311	DUE TO		(14 6 8 .	6 17	-1.		V		-	- 1-1111		
		Conditions, if ony, which (b) (auch that out of the conditions, in also and - 5 Millions												
		gove rise to i			11			- 0	/	7	1	A		
		lying couse lost.) (c)	Carcin	one	α,	Ston	rach		1	year		
	Z	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	(o) 19. W	AS AUTOPSY		
0	ATK	100000	17/13/	11	11-115 1	HEAN	1/10					RFORMED?		
	F.	200 ACCIDENT W	S LINDERIVING O	20h DES	CDIRE HOW INTLINE OCCUPA	ED (Fater poture)	of injury in I	Part I as Part I	Lof item 18)		1163	L NO M		
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DO CONTRIBUTING OF CONTRIB												
	MEDICAL		tY Month, Day, Ye	or 20d. I	NJURY OCCURRED 20e. P	LACE OF INJURY	(Home, form	, 20f. (City e	or town)	(Co	unty)	(Stote)		
	ED	Hour o.m.	19	While of wor	1401 WILLE 1	octory, street, offic	e bldg., etc)						
	2				00	7- 6		1//	1/	9/0				
		21. I certify th	at I attended the	deceas	and a	1, 19.3	L, to	-8/1				the deceased		
		alive on	6/14	19_	and that deat	h accurred at	Q8.5	M, fram	the causes o	nd an the	date s	tated abave.		
			x12 01	1)	0 1			ADDRESS (Stre	et, city or town,	stote)		DATE SIGNED		
		ACTUAL SIGNATURE	Sharlest	Los	SWALESE In	MD 48	390	BATTE	SEV L	ANE	6	119/50		
,		3.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1	11			/C-L		AT4		-p-i-sepaced		
/		PHYSICIAN'S NAME (Type)(HARLY	=5 c	SAVARESE,	18.18.18	ET	46.5	114,1	14	ALL	?		
	220	BURIAL, CREMATIC REMOVAL (Specify))F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATIO	ON (City, town, o	or county)		(State)		
	E	Burial	6/22/5	9	Parklawn	Cemeter	У	Roc	ckville	, Mar	rylan	nd		
	23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	ATURE			
		Robert .	A. Pumphr	ey	Bethesda, M	aryland	DATE J	UN 2 2 '5	9 a	rtiun S.	traus			

ty filled in by the taneral director, Poges 1 and 2 should be filed with prificate has been signed by the attending physician and comes os the burial-transit permit. Then please remove corban paper page 3 should be detoched for the buriol-transit permit. Then please remove corbon pages the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours offer death TO HOSPITAL OR FTENDING may be retained the hospit TO FUNERAL DIRECTOR: After

[ENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after

soth. Page 4

be in chine-rollivents-rotte and the Ct. of the City (14) (14) THE WAR THE THE STATE OF THE PARTY OF THE PA 13.00

THE PARTY OF THE P

The second of the second of the second of

1 2 1

CERTI	FICA	ATE C)F D	FATH
CEKII		41E /	JF D	CALL

	CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH ON TOUNTY MONTONE !	MARYLAND O. STATE K-NTUCK	b. COUNTY PULASKI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	SGTH OF STAY IN 16 c. CITY OR TOWN (If outside co	rporote limits, write RURAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress	d. STREET ADDRESS	E-6-E-STREET YES NO S
3. NAME OF DECEASED (Type or print) MAMIE (No.)	middle HARG15 4. DAT DEA	TH JUNE 29, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED 8. DATE OF BIRTH DIVORCED JAN 28, 1892	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign	n country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME JOHN R. HARK	215 NANCY	ANE BULL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no, or unknown) 1 (If yes, give war or dates of service)	L SECURITY NO. MRS. MARY L. SH	lokT 8604 BRADMOOK DR.
18. CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED 8Y:		INTERVAL BETWEEN
332 X DUE TO	KEBRAL /HROMBU	212 21A
Conditions, if ony, which) (b) CERI	EBRAL ARTERIOSCLER	OSIS 20 YEARS
gove rise to immediate couse (a), stating the under-lying couse last.		
PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE CLERGS 1.5 - 10 YEARS	DURATION Ness Condition Given in Part 1(0) 19. Was autopsy Performed? Yes \(\subseteq \text{ NO } \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter noture of injury in Port I or	Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While Not work □ of work □ of	OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	City or town) (County) (State
21. I certify that I attended the deceased from		
alive an Jane 21 1957	_, and that death accurred at 10150PM, fra	
SIGNATURE STOPPHY (MM-)	Ty M.D. 9420	old the plow food
PHYSICIAN'S JOSEPH D. COM	INOK, MP Bethosd	a 14 Maryland
REMOVAL (Specify)		CATION (City, town, or count) (Stote)
	abbit Cemetery Ma	
Pohowt A Demohance Dath	ADDRESS 24a, REC'D 8Y REC	24b. REGISTRAR'S SIGNATURE

DATE JUL 6

'59

filled in by the funeral director ges I and 2 shauld be filed with executed attending physician and compl SICIAN: The law requires that the death certificate be Then pleose trending physician. tificate has been signed by TO FUNERAL DIRECTOR: After the page 3 should be detached for the registrar prior to buriol, cre TO HOSPITAL OR

VS A15 (4) 15M 9/58

Robert A. Pumphrey, Bethesda, Maryland

Markey The American Commence of the Commence o THE NEW PROPERTY OF THE PARTY O The state of the s THE RESERVE OF THE PARTY OF THE The state of the s The state of the s The state and the state of the Morest a. Pranderey Bernosda, Moryland .- Jyn.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6959

CERTIFICATE OF DEATH

Reg. Dist. No. 215

06933

	PLACE OF DEATH o. COUNTY Montgomery		911	MARYLAND	o. STA	RESIDENCE (WITE	here deceosed	lived. If institution b. COUNTY.		efore admis	sion)
		f autside corporate lim	its, write	c. LENGTH OF STAY IN 18	c. CIT	OR TOWN (If	outside corpore	ote limits, write R		nearest tow	n)
	Bethesda (1		20hrs 16mir	Del	and		11.5	2x.3		1
		AL (If nat in haspital,	give street		-	REET ADDRESS		7.0		e. IS RES	SIDENCE A FARM?
		1 Hospital			Gre	ens Lane	Blue	Lake	- P		NO 🔯
3.	NAME OF	Fi	rst	Middle		Last	4. DATE	Mon	th	Day	Year
	DECEASED (Type or print)	Debo	rah	Kav	н	ART	OF DEATH	Jur	ne	22	19 59
5.	SEX			IED NEVER MARRIED	49.40	H 0 00	9	9. AGE (In years	IF UNDER 1 YE		
F	emale	Caucasian	WIDOWE		-	1-59		last birthday) yrs.	Manths Doy	, 150,	16
	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	OUSTRY 11. B	RTHPLACE (State	or foreign cou	untry)	12. CITIZEN	OF WHAT	COUNTRY?
	None	king life, even if retired	1)		Be	thesda,	Maryla	nd	U.S	S.A.	
13.	FATHER'S NAME	9-5-9-1				HER'S MAIDEN		1-11-11			
	William Fr	anklin HAR	T		Do	nna Jear	ROBIN	ISON			
15.				SOCIAL SECURITY NO.	INFORMAN			Addi	ress		
{Ye	No No	(If yes, give war or dates of	service)	None	(f) Wm.	F. Hart	t, same	as #2			
	1B. CAUSE OF DEA	TH [Enter only one co	ouse per lin	e for (a), (b), and (c).]					10	TERVAL BI	ETWEEN
		TH WAS CAUSED BY:	1	India					0	NSET AND	DEATH
	762.5	IMMEDIATE CAUSE (c		mount		01	^			1 - 0	0
	Conditions, if o	au which \	do	man (Comi	tral	Morion	in him	Tone As	man	7016	cun
	gave rise to i	mmediate (ol Cyl	2	THE -	1 400000	us prin	En Vicas	Track	0,00	0
	lying couse lost.	the under-	1	remalin	ille		100			201	Kocas
z	PART II. OTH	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELAT	ED TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART 1(a	19. WAS	AUTOPSY
ATIC			-		0						ORMED?
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter no	ture of injury in	Port I or Port	II af item 18.)		120 [2	110
CERI	OR CONTRIBUTING	MEDICAL EXAMINER)									
		Y Month, Day, Ye	ar 20d. IN	NJURY OCCURRED 20e.	PLACE OF IN.	URY (Home, farm	n, 20f. (City	or town)	(Coun	ty)	(Stote)
MEDICAL	Haur a.m.	19	While at war	_ Not while _	foctory, street	, office bldg., etc	:.)			,,	,
2			_	ed fram. June 2	1 10	50 4- To	ine 22	, 1959,	41 - 1 1 - 1 - 1 - 1	.1	
	alive an Jun										
	alive an our	ie ce	, 125	$9_{}$, and that dec	ith occurre			ne causes an eet, city or town,			te signed
	ACTUAL SIGNATURE	- HO 17	Han	111/					siolej	6 00	. 50
	SIGNATURE	OWN DH	FUX	WV	M.D	U.S. Na	aval Ho	ospilar.		0-20	29
	PHYSICIAN'S NAME (Type)	John H. MA	71119	LT. MC. USN		Bethesda	a 14. N	Maryland			
22/		N, 22b. DATE THERE									4-1
1	REMOVAL (Specify)	_		22c. NAME OF CEMETERY				ION (City, town, o	or county)	(Sto	
220	Burial-Shi		- 77	Bethany Bap	tist Ch		Gulf		STRAR'S SIGNA	Caro]	lina
1	CF Illin	NUMBER	1 How		MA		2 3 '59	and and	my & The	u.A	
1/	H. Pump	ney runera	T TOIL	e, Bethesda,	MG .	DATBUN	2300				
6	205118	1XVI									

		9200	
to Zoff	2042-291		Two caused
	to the latest that	E (1820)	Parado d
L. SELECT			e.u. u.i
	199 ()	a deposit of	
	\$\$-10-0 Feet	Tier on attachment	34.
hariyi	al adjustings		
water	L Deuts John B	Total William	e de la company
20 10 11 11	(FESS 17 124 (7)		
	Salar Sagara		
ACC SACRAGE AND ACCORDANCE AND ACCOR			

6	9	6	0
			-

CERTIFICATE OF DEATH

Reg.	Dist.	No.
------	-------	-----

							Keg. Di	ST. NO.	
1. PLACE OF DEATH o. COUNTY Bothesd	Montgon	rery	MARYLAN		o. STATE Maryland		If institution: Resident COUNTY Prince Ge		
b. CITY OR TOWN	(If outside corporate timit neorest town)	s, we're	c. LENGTH OF STAY IN	b	c. CITY OR TOWN (If or	utside corporate limit	s, write RURAL and g	give nearest town)	
Bethesd		0	35 days		Hyattsvil	le	1615.	2	1
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, g	ive street			d. STREET ADDRESS			e. IS RESIDEN ON A FAR	CE
	nical Center	c. Be	thesda 14. M	Id.	2720 Kirk	wood Plac	е	YES NO	
3. NAME OF DECEASED (Type or print)	Fin Brue	it	Middle Tipton		lost Heffley	4. DATE OF DEATH	Month June	Doy Year 1. 195	9
S. SEX			HED NEVER MARRIED	7 8. D	ATE OF BIRTH	9. AGE		1 YEAR IF UNDER 24	-
Male	White	WIDOW	ED DIVORCED		May 28, 195	5 4	yrs. Months	Days Hours M	lin.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	lone 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CIT	IZEN OF WHAT COU	NTRY
Child	and the trent in remedi		None		Washing	ton. D. C	. 1	U. S. A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME			
	J. Heffley				Mary S.				
IS. WAS DECEASED EV IYes, no. or unknown)	/ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. INFO	RMANTThe Medi	cal Recor	d Address		
No			None	The	Clinical Ce	nter, Bet	hesda 14,	Maryland	
	EATH [Enter only one content was caused by: IMMEDIATE CAUSE (c)		ne for (a), (b), and (c).] dural Hemorr	hage				ONSET AND DEA	
Conditions, if gove rise to		Acu	ite Lymphocyt	ic I	eukemia			Months	
couse (o), stating lying couse lost	g the under- DUE TO								
	THER SIGNIFICANT CONI astrointest		CONTRIBUTING TO DEATH Hemorrhage	BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART	1 (a) 19. WAS AUTO PERFORMED YES NO)5
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in P	ort I or Port II of ite	m 1B.)		
20c. TIME OF INJU Hour o. m. p. m.	10	while	Nat while		OF INJURY IHome, farm, , street, affice bldg., etc.) (C	County) (S	itote)
	that I attended the June, 1	decease _, 19_5			curred at 7:00	M, fram the c	auses and an th	last saw the deco	bave
ACTUAL SIGNATURE	# Del	he	rman	M.D.	TheClini	cal Cente	r	6-2-5	
PHYSICIAN'S NAME (Type)	Harold R. S	Silbe	erman, M. D.		National Bethesda	lnstitut 14, Mary	es of Hea. land	Tru	
22a. BURIAL, CREMAN REMOVAL (Specif DUPIAL		F	22c. NAME OF CEMETER Arlington		t.Cemeter	22d. LOCATION (Cit		(Slote)	
23. FUNERAL DIRECTO		J. H.	ADDRESS Was	h.	D. C. 24a. REC'D	BY REGISTRAR 2	46. REGISTRAR'S SIG	SNATURE	
The S.H.	Hines Co.	,290	1 14th St.	N.	W. DATE	UN 3 '59	arthur.	d. Thouse	

Poge 4 y filled in by the toneral director, Pages 1 and 2 shauld be filed with ZENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to be haspital or attending physician.

TO FUNERAL DIRECTOR: After the perificate has been signed by the attending physician and comp page 3 shauld be detached farther as the burial-transit permit. Then please remove carbon page the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs-after death. TO HOSPITAL OR

M

VS A15 (4) 1SM 10/57

	2 I TO A PER	THE THE CASE	CERTIFIC	
		modern Assault		
	Charles and the same			
	Seat I ment as the	177		
		110	ALC: OF OPPOSE	
			Real of the Carlotte of the Ca	
6 b 9	4 4 6			
area are a				

TO HOSPITAL OR A DING PR may be retained by the haspital TO FUNERAL DIRECTOR: After th

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6061 CERTIFICATE OF DEATH

	0301	CEIVIII 102	AIL OI DEA	• • • • • • • • • • • • • • • • • • • •		Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY Montgomer	-	MARYLAND	2. USUAL RESIDENCE (o. STATE Washingto	The contract of	lived. If institution b. COUNTY	D.C.	ore admission)
b. CITY OR TOWN RURAL ond give Betheso	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ate limits, write RU	URAL ond give new	arest tawn)
d. NAME OF HOS	PITAL (If not in hospital, give street an Hospital		d. STREET ADDRESS 2932 MCK		St. N.W.		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First Edna	Middle C	Lost Henshaw	4. DATE OF DEATH	June	th Do	,
Female	6. COLOR OR RACE 7. MARI	ED DIVORCED	B. DATE OF BIRTH Oct. 13	1898	P. AGE (In years lost birthdoy) 60 yrs.	Months Doys	Hours Min.
Statistic	TION (Give kind of work done 10b. arking life, even if retired)	KIND OF BUSINESS OR INDU	Bowlin	g/ Va.	untry)		A.
3. FATHER'S NAME Wm. Ritte	er Carter		Imogene				
			dmund L. H		Jr1	Toute 4	stbriar
Conditions, if gave rise to cause (a), statin lying cause las PART II. CO 200. ACCIDENT NO OR CONTRIBUTING (IF EITHER, NOTIL)	immediate DUE TO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	IP. WAS AUTOPS PERFORMED? YES NO
	WAS UNDERLYING [] 20b. DES NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port	II of item 18.)		
20c. TIME OF INJ Hour a. m p. m	. While		ACE OF INJURY (Home, footory, street, office bldg.,		or town)	(County)	(Stote
alive an	that I attended the decease	and that death	M.D. 55/	AM, fram the Address (Str.	he causes and eet, city or town,	state)	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT BURIAL (Special	ION, 22b. DATE THEREOF	rell 551 22c. NAME OF CEMETERY C Lakewood Ce		22d. LOCATI	ON (City, town, c	or county)	(Stote)
3. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS + N	TaT 24a. R	BOWL EC'D BY REGISTR JUN 1 7 '5	AR 24b. REGIS	strar's SIGNATU	

. G. L. Tegrul Hadi To the state of th The filling of the state of the Desir 1005 tell mushol at the cone Iranchic Asthma The along the same Pot-17 BATE = 16 Neb. 100 - DE, 611/59

0030	CERTIFICA	ALE OF DEATH	Reg. Dist.	No.
1. PLACE OF DEATH	THE PLANE	2. USUAL RESIDENCE (Where deceased	lived. If institution: Residence t	pefore admission)
O. COUNTY MONTGOMERY	MARYLAND	O. STATEMBRYLAND	b. COUNTY MONT	FOMERY
b. CITY OR TOWN (If autside carporate limits, write c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpore	ate limits, write RURAL and give	nearest town)
MOCKVILLE	76 yrs.	26 ROCKYILLE		
 NAME OF HOSPITAL (If not in haspital, give street addre OR INSTITUTION 	ess)	d. STREET ADDRESS	D - /	e. IS RESIDENCE ON A FARM?
109 North Van Buren St.		109 NORTH YAN	OUREN	YES NO
3. NAME OF DECEASED First	Middle	Jost 4. DATE OF	Month	Day Yeor
(Type or print) EZIZABETH	SMPHRE	Y HICKS DEATH	AJUNE /	EAR IF UNDER 24 HRS.
E	NEVER MARRIED	B. DATE OF BIRTH	last birthday) Months Da	-
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND		STRY 11 RIPTHPLACE (State or foreign con	intry) 12 CITIZEN	OF WHAT COUNTRY?
during most of working life, even if retired)		Manying	16	50
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		977
WILL IAM REBBEN FICM	PHRFY	HARRIET AUGUS	STA SHEK	ELL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO.	NFORMANT	Address O.C.	40
(14 yes, give wor or other or service)	- 12	Rotherharty	Chary Char	i me.
1B. CAUSE OF DEATH [Enter only one cause per line for	(a), (b) and (c).]	1 1		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rebral	1 promenos		2 who
332X DUE TO 0	1 .	0.		
Canditians, if any, which gave rise to immediate	eno del	Crosso		79 m
cause (a), stating the under-				
lying cause last. (c)	VIII. 10 20 25 17 17			Jan Mar Autonov
O FART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I	PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INTERPRETATION	D. (Enter nature of injury in Part I ar Part	II of item 18.)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE CONTRIBUTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THOW INSORT OCCURRE	b. (Ellier holdre of injury in run i or run	11 01 11011	
	- for	ACE OF INJURY (Hame, farm, 20f. (City of ctary, street, affice bldg., etc.)	or town) (Cau	nty) (State)
Haur a. m. While of wark	Nal while at wark	clory, sites, diffice diag., etc.,		
21. I certify that I at/ended the deceased f	ram bet	19.49, to 19 fm	1959, that I last	saw the deceased
alive an 19 June 1950	and that death	- 1/	he causes and an the d	ate stated abave.
ACTUAL MINISTER AND	/	ABORESS (Stre	eet, city ar tawn, state)	DATE SIGNED
SIGNATURE 90/1/1/1/	7 1	M.D. 615 W Moneyou	ney ook	to pul
PHYSICIAN'S NAME (Type) N 5 M/UR	PHY	Kocksvil	& many	and
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c REMOVAL (Specify)	. NAME OF CHETERY O	OR CREMATORY 22d. LOCATI	ON (City, town, or county)	(Stote)
Burial June 22, 1959		emetery Rocky		
23. FUNERAL DIRECTOR'S SIGNATURE WARNER E. Pumphrey, Inc., Si	fver Spring	Md. 24a. REC'D BY REGISTR		
Kaymond W. Bibles	. 0	DATEUN 2 3 '59	arthur & Kra	u4

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs aft Then please remove corban popers ertificate has been signed by the attending physicion and cam offen death page 3 shauld be detoched for use os the burial-transit permit. Then please remover the registror prior to burial, cremation, or remaval, ond in any event within 72 hours. moy be retoined by the hospi TO HOSPITAL OR VS A15 (4) 1SM 9/S8

X

CHARLEST, AND THE COUNTY OF TH A STORY SAN TO SEE THAT OF STREET WAYNOUT TO STANFORD THE LOCATION OF THE SECOND STANFORD SECOND STANFORD SECOND William Committee and the second of the seco A William of age to Chang What will all through the transfer of the tr

		1
3.5	,*	
W.	-	1
ITEO wil	68	1
	153	1
A G		

y filled in by the fun ages I and 2 shauld

The law requires that the death certificate be execute may be retained by the hospic cottending physician.

TO FUNERAL DIRECTOR: After a certificate has been signed by the ottending physician page 3 should be detached for use as the buriol-transit permit. Then please remave con the registror prior to burial, crematian, or remaval, and in ony event within 72 hours of

VS A15 (4) 15M 9/58

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY MON	tgomery	MARYLAND		ryland	sed lived. If instituti b. COUNTY	on: Residence Montg		
b. CITY OR TOWN (If a RURAL and give near Bethes		c. LENGTH OF STAY IN 16		WN (If outside corp	porote limits, write R	URAL and give	e nearest tow	n)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give street burban Hospi	address)	d. STREET ADD 780		rook Rd.		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JAMES L.	Middle	KENBERRY	4. DATE OF DEAT	Taran a		Day	Year 19 59
and order over	White WIDOW		B. DATE OF BIRTH Sept. 6	, 1899	9. AGE (In years last birthday) yrs.	Myths 7	YEAR IF UND Bys Hours	-
10a. USUAL OCCUPATION during most of warking Project M		ICA	Penn		country)		S.	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M.					75
Robert B	ruce Hokkenl	perry	Lot	tie Lou	don		2.74	
	N U. S. ARMED FORCES? 16. yes, give war or dates of service)	NO TO THE RESERVE OF THE PARTY	informant W Erma Hock	life enberry	Add San		Item	#2
		Acute Coron	rioscleros	S			ONSET AND OUN 3 y	, DEATH
20g. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING 20b. DES	CONTRIBUTING TO DEATH BU	VELVIEW.			VEN IN PART 1	(o) 19. WAS PERFO YES	ORMED?
Y 20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Ho facta <u>ry, street, of</u> fice b		ity or town)	(Cou	unty)	(State)
actual SIGNATURE	VARREN D. BR	U, m.P.	th accurred at	9 AM, from	(Street, city or town,	nd an the o	date state	d above. TE SIGNED
220. BURIAL, CREMATION, BUTTAL (Specify)	226. DATE THEREOF 181t 6-16-59	22c. NAME OF CEMETERY Arlington			ation (city, town, lentown,		(Sto	te)
23. FUNERAL DIRECTOR'S : ROBERT A.	PUMPHREY,	Bethesda, M	10	ATE JUN 1 6		STRAR'S SIGN		

however				
	Bachesda	.875	108.0	
All don	2004 Clant	Series	, = 18 = 1111;	
16.1 2 p.d.	S Succession	10h	I RELIAL	
e e	Sept. 6, Last	***************************************	BT.cde	ALLOS
	. Elmila	A97		toni ore
nol	Wol satsol		which some	
Salto me 1 bom 4 2	Erna Hookanberry			DE
		CHEVARY PAR		
81.0 1.0 TE		Section 2	Warris D. K.	
	The second of		-U-6 stenar	7-10 2 -0

haspital After 1

TO HOSPITAL OR

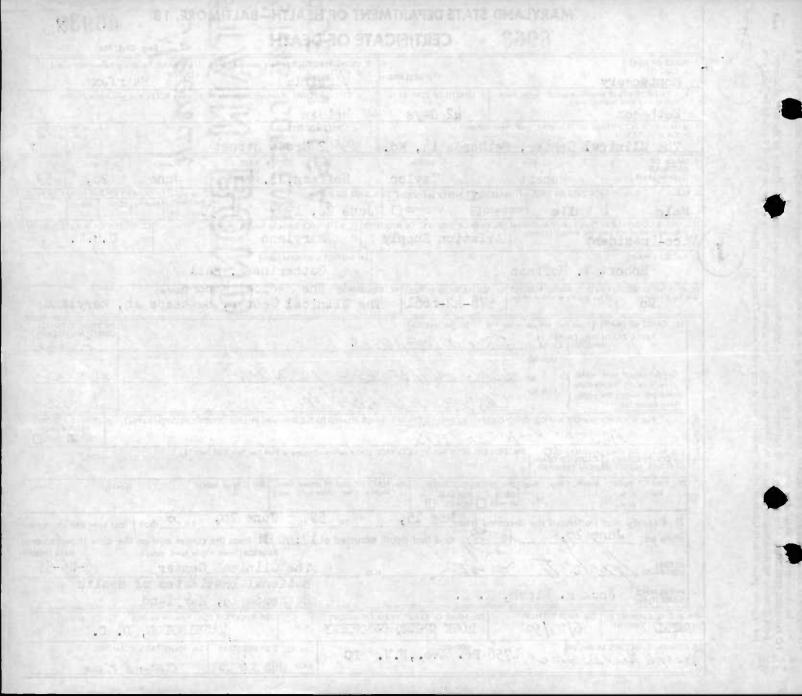
VS A15 (4) 1SM 10/57

05

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6963

CERTIFICATE OF DEATH

	0000					Reg. Dist. N	0.	
PLACE OF DEATH O. COUNTY			2. USUAL RESIDENCE (W	here deceased liv		n: Residence be	fore admis	ssion)
Montgomery		MARYLAND	Virginia		b. COUNTY	Fairfa	X	1
b. CITY OR TOWN (If outside corpore RURAL and give nearest town)	ote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RU	RAL ond give n	earest tow	m)
Bethesda		42 days	McLean		83	x.3		
d. NAME OF HOSPITAL (If not in hos OR INSTITUTION			d. STREET ADDRESS	01			ON	SIDENCE A FARM?
The Clinical Cen			5642 Cros		Č		YES	NO 🔭
B. NAME OF DECEASED (Type or print) RO	bert	Middle Taylor	Hoffman, J	4. DATE OF DEATH	Month Jur		26,	Yeor 19 59
6. SEX 6. COLOR OR	RACE 7. MARR	HEDE NEVER MARRIED	B. DATE OF BIRTH	9. /	GE (In years	F UNDER 1 YEA	R IF UND	
Male White			June 22, 190	9	50 yrs.	Months Doys	Hours	Min.
0a. USUAL OCCUPATION (Give kind of during most of working life, even if Vice-President	work done 10b. retired)	kind of Business or Individuation Supply	JSTRY 11. BIRTHPLACE (Stoke Maryla		7)	12. CITIZEN	OF WHA	
3. FATHER'S NAME Robert T. Ho	ffman		14. MOTHER'S MAIDEN Cather	ine F. H	Hall	Exit		
S. WAS DECEASED EVER IN U. S. ARME (Yes. no. or untrown) (If yes, give wor or d		578-42-6661	INFORMANT The Me				laryl	and
1B. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA		ne for (o), (b), and (c).]	DNIA				TERVAL BI	
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	(b) LL		OSES - CARCUI				161	mos
lying couse lost.	(c)		SOFT PALAT	/ hard		0	X M	105
PART II. OTHER SIGNIFICAN ACUTE	11. 11.	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVE	N IN PART 1(0)	PERFO	AUTOPSY DRMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	EATH	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II o	of item 18.)			
20c. TIME OF INJURY Month, Do Hour o. m. p. m.	While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, forroctory, street, office bldg., etc	c.)		(County	')	(Stote)
21. I certify that I attended	d the decease		, 1959, to	June 26,	'/	that I last s		
alive on June 20,		and that deat	h occurred at 12:40					
ACTUAL SIGNATURE	H. I	lock		ADDRESS (Street, Clinical	Center		6-2	6-59
PHYSICIAN'S Jack H.	Bloch, I	M. D.		onal Ins esda 14,			lth	
120. BURIAL, CREMATION, 22b. DATE T		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION		county)	(Stot	le)
FUNERAL DIRECTOR'S SIGNATURE	1756	Pa. Ave., N.W		D BY REGISTRAR	24b. REGISTI	RAR'S SIGNATU	JRE	
			I MAIL	011 2 0 23	1 Un	Thung & tu	MILA	1000



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6964

CERTIFICATE OF DEATH

							Keg. Dist.	140.
1. PLACE OF DEATH a. COUNTY Montgomen	cy		MARYLAND	2. USUAL RESIDENCE (WE O. STATE District		L COUNTY	n: Residence	before admission)
b. CITY OR TOWN (If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			URAL ond giv	re nearest town)
RURAL and give n Bethesda	earest town)		146 days	Washington				47X-3
	TAL (If not in hospital,	give street		d. STREET ADDRESS	11			e. IS RESIDENCE
					D 1	37 77		ON A FARM?
3. NAME OF	ical Center	-		1475 Park				YES NO M
DECEASED (Type or print)	Mab	el	Middle Teresa	Holland	4. DATE OF DEATH	Mon June		7. 1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24 HRS.
Female	White	WIDOW	ED DIVORCED	March 13. 1	898	lost birthdoy) 61 yrs.	Months De	oys Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign co		12. CITIZI	EN OF WHAT COUNTRY
during most of wor	king life, even it refired	1)						
Secretary 13. FATHER'S NAME	<u> </u>			14. MOTHER'S MAIDEN N	consin			U.S.A.
		100						
Cornelius	D. Hollan	id, Si		Alice Rac	hel Cr	uden	1.6	
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT The Me	dical	Record	ess	
No			389-09-1503 T	he Clinical C	enter.	Bethesda	a 14. 1	Maryland
	ATH WAS CAUSED BY:	7/1	ne for (a), (b), and (c).]	1 +	2.6	- 11	1	INTERVAL BETWEEN ONSET AND DEATH
101	IMMEDIATE CAUSE (c		Unia, Al	ondary is	our	rection	01	LUCORE
181.0	DUE TO		1 15	1	win	car ta	· Dx	
Conditions, if o		1 (8	remove of 1.	Sladder				142,
gove rise to i						4		
lying couse last.	(0	:)					13	
PART II. OTI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	CONDITION GIV	EN IN PART 1	(a) 19. WAS AUTOPSY
TA CAT								PERFORMED? YES NO
PART II. OTI	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 18.)		128 10
	MEDICAL EXAMINER)	53						
	RY Month, Doy, Ye			ACE OF INJURY (Home, form ctory, street, office bldg., etc	, 20f. (City	or tawn)	(Cou	unty) (Stole)
Hour a.m.	19	While of wor		ciory, sireer, office blug., erc	7			
			January	12 1959 to J	une 7	50		
		deceas	ed from January					st saw the decease
alive an_Jul	.te 1	, 19	22, and that death	accurred at 5:20				date stated above
ACTUAL OF	0 0 0	2	1 1 1			reet, city or town,		DATE SIGNE
SIGNATURE	Goode K	14	ord/ Kund	M.D. The Clinic				7/59
PHYSICIAN'S				National	Instit	utes of .	Health	
NAME (Type)	HEODORE L.	GOOD	FRIEND, M.D.	Bethesda :	14. Ma	ryland		
220. BURIAL, CREMATIC		OF .	22c. NAME OF CEMETERY C			ION (City, town, a	r county)	(Stote)
REMOVAL (Specify)		0					County	
23. FUNERAL DIRECTOR	6-11-5	10-00		DEMETERY		X LAKE.	TDAD'C CICNI	WISC.
	24/1	COLL	ADDRESS WASH.	D. 0.	D BY REGIST	KAK 246. KEGIS	TRAR'S SIGN	ATURE
FRANCIS	J. COLLI	NS 3	821 14TH. S.	P. N.W. DATE	IN 9 1	50 a	11.0 8 3	Kensa

And the second of the second o The state of the s . IZDA U I COMPANION I COMPANION CONTRACTOR Meaning military and Demontor at the last 10 to 100 Alg 1865. The first by one of Water Bills First Bills and the second

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 899 Items 8,9 FilmG244 7-8-59 et CERTIFICATE OF DEATH 6899

06940

2	1	28	1
director	1	11)
-jo	Files		/
ro	e e		

rely filled in by the fune Pages 1 and 2 should b

within 24 hours at

cayban papers. may be retained by the hast or attending physician.

TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and compage 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper the registrar prior to burial, cremating, ar remaval, and in any event within 72 haurs after death. fer death.

*HYSICIAN: The law requires that the death certificate be execute TENDING TO HOSPITAL

VS A15 (4) 5M 9/5B

			CERTITI	CAI	L OI DE	7111			Reg.	Dist. No		
1. PLACE OF DEATH o. COUNTY Mo	ntgomery		MARYLAN		o. STATE	aryla		b. COU	1971		nery	on}
b. CITY OR TOWN RURAL ond give n		ts, write	c. LENGTH OF STAY IN	16 2	c. CITY OR TOV		side corpo	rote limits, wr	ite RURAL on	d give ne	arest tawn	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ive street a	ddress)	1	d. STREET ADD	RESS	teDri	ive			e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Fin Mai		Middle Ella		lost HOLM		4. DATE OF DEATH	Jun	Month	29	-,	ear 9 59
5. SEX		-	ED NEVER MARRIED	В. С	DATE OF BIRTH			9. AGE (In ye			IF UNDE	
Female	White	WIDOWE	DIVORCED	J	Tan. /27,	1/95	4/	lost birthde	yrs. 5	s Days	Hours	Min.
None None	ON (Give kind of wark of king life, even if retired)		CIND OF BUSINESS OR IN	IDUSTRY	Mary		foreign co	ountry)	12.0		FWHATCO	DUNTRY?
3. FATHER'S NAME				1	4. MOTHER'S MA	AIDEN NA	ME					- 1
Donald H	olmes			-	Virg	inia	Oake	S				
5. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of se	rvice)	None		nald Hol	mes	-Sam	e as I	Address tem #3	2		
PART I. DE/ 3 2 5. Conditions, if	the <u>under-</u> DUE TO	Co	hal un ougan housa ontributing to beath	lei	lion la csu			laa		Ba	ERVAL BET	TO C
20g. ACCIDENT W	AS UNDERLYING []		RIBE HOW INJURY OCCU							AKI 1(0)	PERFO	NO MEDS
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour a.m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yea	r 20d. IN While of work	_ Not while_		OF INJURY (Hor r, street, office bl		20f. (City	or town)		(County)		(State
ACTUAL SIGNATURE	nat I attended the ay 12 Richard	19 th	-and that de	M.D	courred at 2	Al	DDRESS (St	the causes	own, stote)	the date	stated DATE	abave signer /29/
NAME (Type) 220. BURIAL, CREMATIC	Richard M.		22c. NAME OF CEMETER		809 Vier			I. ROC			ryla:	
Burial (Specify	7/2/195	9	Arlington I				Arlin				rgini	
3. FUNERAL DIRECTOR		Bethe	ADDRESS sda, Maryl	and			BY REGIST		EGISTRAR'S			
			Law, Mary 1		D	ATE JUL	2 '5	9	Jathur	A Theat	4	

UEGUN			Wildo .	6650	
wonte-tine w	brokym			on-Gornery	
		251		-1	llyslop a
	avirthue aid (1201		Touris Course	ato cota
28	armit with 25th		14	viaM.	
		7	THE RESERVE AND THE		
	· (•	.r/E		ethir	Female
Agu-	5nal-in	V.	CHIRD.		None
	treinia Onkeg			esmio	Donald H
24 (0)	long es-Same an It.				OVI.
W 231/2	a du wha				
			Mercery		
Cancellian Library			•		
		(8)		21,140	All acords
1991			*	the sound of	
hady ale office	iers Will Rd. Rook	V.808	, , , , , ,	licobard M. Au	
Virginia	notenili A	Langina	not milit	2/2/1859	Lairta B
		bogi	gamili ,abso	fumplirey, But	Lisbert A.

ed

Mintigran in - Misselfier Butting of a product 302 Menry Freez Baka Eirel Hettinger June 1 From Misselina El. VingoL Checking Hottinger Berkeralum Try Futhere

CERTIFICATE OF DEATH

06942

	0300	<u> </u>			Reg. Dist. No.
Y	. PLACE OF DEATH . COUNTY Montgomery	MARYLAND	- CTATE	ere deceased lived. If institution - Montgomery	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER Spring	c. LENGTH OF STAY IN 16		utside corporote limits, write RU	
,	d. NAME OF HOSPITAL (If not in hospital, give street or institution Le Deau Gardens Nurs		d. STREET ADDRESS 3140 Univ	ersity Blvd.	e. IS RESIDENCE ON A FARM? YES NO 24
	3. NAME OF First DECEASED (Type or print) Lucy Block	Middle odworth Inak	losi onett	4. DATE Mont OF DEATH June	h Doy Year I 19 59
1	5. SEX 6. COLOR OR RACE 7. MAR Female Caucasia Widow		May 21, 187	lost highdout	1F UNDER 1 YEAR IF UNDER 24 HRS. Onths DayO Hours Min.
Ī	Oa. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Retired - U.S. Govt.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole Georgia	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME Francis W. Bloodwort		14. MOTHER'S MAIDEN N	***** *	
1	(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. no. or unknown) (If yes, give wer or dates of service)		FORMANT CY McColloc	h- Item #2	
	18. CAUSE OF DEATH [Enter only one couse per II PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), ond (c).] Ltuatary Exha	ustion		INTERVAL BETWEEN ONSET AND DEATH
	153.8 DUE TO	ntestinal Obs		Partial Malignancy C	olon??
	gove rise to immediate DUE TO	eart Block, F			10 Yrs pl
	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMII	NAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	Port I or Part II of item 18.)	
	Hour o. m. While		CE OF INJURY (Home, form, lory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I attended the decea alive on June I 19		/ '/// '/		that I last saw the deceased
	ACTUAL SIGNATURE RALEND J.	hito dear		ADDRESS (Street, city or town, soncord St.	
1	PHYSICIAN'S Robert T. T	hibadequ, M.	D. Kensir	ngton, Maryl	and
Bu	220. BURIAL, CREMATION, PEMOVAL (Speculy) 17-Transit 6-4-59	Oak Hill	CREMATORY	22d. LOCATION (City, town, o Griffin, Ge	r county). (Stote) Orgia
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS hesda, Maryl	and 24a. REC'S		TRAR'S SIGNATURE

ath: Page 4 may be retained the has or attending physician.

Defunction of completely filled in by the rolleral director, should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours offer death. within 24 hours often HYSICIAN: The law requires that the death certificate be exec may be retained he has TO FUNERAL DIRECTOR: After TO HOSPITAL OR VS A15 (4) 15M 10/57

	CT TO SEE CONTINUES
election and a basis of	
	And the second of the second o
The rest-Switt transport of the	
as 21, 1876 - 5581 16 va	
.6.8.W	
	Princes F. Flodowatch
resident - 5% medi Adoolionet en	
[[[[[[] [] [] [] [] [] [] [] [] [] [] []	
the second secon	
The TOTAL CONTROL OF CARD CONT	
The TOTAL CONTROL OF CARD CONT	

06943 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MONTGOMER c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 615 Roxboro Place, N. WIS RESIDENCE ON A FARM? YES NO T Year June 26 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years /last birthday) Months A yes. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

Address 615 ROXBORO PL N.W.

INTERVAL BETWEEN ONSET AND DEATH

(Stote)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

(County) (State)

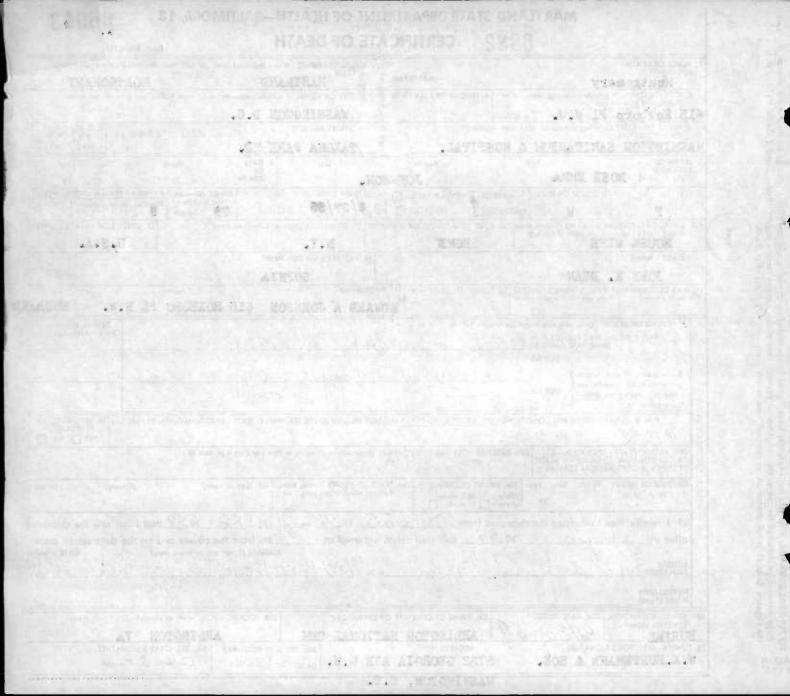
1954, that I last saw the deceased and that death accurred at_____M, from the causes and on the date stated above.

ADDRESS (Street, city or town, state) DATE SIGNED

246 REGISTRAR'S SIGNATURE Cilling & Krous

WASHINGTON. D.C.

VS A15 (4) 15M 10/57



M

TO HOSPIAL OR ALLE THE THE COLAN: The law requires that the death certifical	hysicion.	TO FUNERAL DIRECTOR: After this entificate has been signed by the attending physicia	poge 3 should be detoched far use os the burial-tronsit permit. Then please remave of	and in the same and the 70 Laure
NO PHINCIAN: The	spitol tending p	ter this entiticate ho	for use os the buric	The said of the said
O HOSPITAL ON ALLE	may be retained by the	TO FUNERAL DIRECTOR: AT	poge 3 should be detoched	the registron prior to busine
1	SM	A15	(4)

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 6067

1. PLACE OF DEATH) 4					Reg. Dist.	No.	
Montgome	ry	MARYL		ISUAL RESIDENCE (Who state Virginia	ere deceased	b. CQUNTY .	n: Residence hampto		ssion)
b. CITY OR TOWN RURAL and give	(If autside carporate limits, wri nearest tawn)	c. LENGTH OF STAY IN	N 1b c	. CITY OR TOWN (If a	itside carpora	te limits, write RU	RAL and giv	e nearest tov	vn)
Bethesda		101 days		Cape Char	Les	83	X_ 3		
OR INSTITUTION				d. STREET ADDRESS	act on	A = = = = = =		ON	A FARM?
. NAME OF	ical Center,		Md II	ि। Washi		rvenue		162] NO X
DECEASED (Type or print)	Charl			Kellam	4. DATE OF DEATH	June		20,	Year 19 59
SEX	6. COLOR OR RACE 7. N	ARRIED 🔯 NEVER MARRIED	B. DA	TE OF BIRTH	9			YEAR IF UNE	trade and the same of the same
Male	Negro wid	OWED DIVORCED	□ Se	ptember 23	, 1932	26 yrs.	Months D	ays Haurs	Min.
o. USUAL OCCUPATI	ON (Give kind of wark dane rking life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or fareign cau	ntry)	12. CITIZI	EN OF WHA	T COUNT
Factory Wo		Unascertainab	ole	Virg:	inia		U	. S. I	
3. FATHER'S NAME			14.	MOTHER'S MAIDEN N	AME				
Linwood	Kellam			Etta	M. Up	shur			
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? Iff yes, give wor or dutes of service!	16. SOCIAL SECURITY NO.	17. INFOR	MANT The Med:			955		
No	In Aer Pre wor or ones or servicel	Unavailable		Clinical Co				Maryla	nd
Conditions, if a gove rise to cause (a), stating lying cause last.	immediate (29	
	(c)								
PART II. OT	HER SIGNIFICANT CONDITIO						N IN PART I	PERF	AUTOPSY ORMED?
PART II. OT	AS UNDERLYING COULT COUNTY COU	DESCRIBE HOW INJURY OCC	CURRED. (Enf	er nature af injury in P	art I ar Part I	l of item 18.}	N IN PART I	PERF	ORMED?
PART II. OT	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCC	CURRED. (Ent		art I ar Part I	l of item 18.}	N IN PART I	YES C	ORMED?
PART II. OT PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. 1 certify the control of the control o	AS UNDERLYING CONDITION AS UNDERLYING CONDITI	d. INJURY OCCURRED 2 hile Not while of work 2 eased from March 9 59, and that d	CURRED. (End	FINJURY (Home, form, street, office bldg., etc.) , 19_52, to urred at 3:05 The C Nation	June 20 M, from DORESS (Sire Linical	of item 18.) 1 of item 18.) 1 19.59 1 the causes aret, city or tawn, stil Center stitutes	,that I last and an the lote)	PERFYES E	(State
PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify the control of the control	AS UNDERLYING DEATH MEDICAL EXAMINER) RY Manth, Day, Year 20 19 2	d. INJURY OCCURRED 2 hile Not while of work 2 eased from March 9 59, and that d	CURRED. (End 10e. PLACE Of factory, s 11 death accommoder.	er nature of injury in P F INJURY (Home, form, street, affice bldg., etc.) , 19_52, ta urred at 3:05 J The C Nation Bethe	June 20 M, from DORESS (Sire Linical Interest)	or town) 1 of item 18.) 1 19 59 1 the causes aret, city or town, state 1 Center	,that I last and an the lote) of He	PERFYES E	(State decea
PART II. OT PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify fl alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATIC	AS UNDERLYING DOLLARS OF DEATH MEDICAL EXAMINER POR DEATH POR	d. INJURY OCCURRED d. INJURY OCCURRED hile Not while wark of ward of	CURRED. (End 10e. PLACE Of factory, s 11 death accommoder.	FINJURY (Home, form, street, office bldg., etc.) , 19 59, to urred at 3:05 The C Nation Bethe:	June 20 M, from DORESS (Sire Linical Interest)	or town) 1 of item 18.) 1 19.52 the causes aret, city or town, startitutes Marylan ON (City, town, or	,that I last and an the lote) of He	perfyes (Sta	(Stoll Stoll

			MINAPARRIAIS UMA		
THE RESERVE			ADMINION TRE		
The second	Color In Sec.				
			• 10,6 10 10 10 10 10 10		
و		200 300	A TOVERS OF SERVICE		
6 7 A					
	telemen.				
e			Territoria de la Carta		
William Town					
				THE PARTY NAMED IN	
April April					
				B. A. Sorrak	
			EX entracts as most and		
				Same	
			A LONG CONTRACTOR OF THE PARTY		

M

PHYSICIAN: The law requires that the death certificate be exec

TO HOSPITAL OR

VS A1S (4) 1SM 10/57

1	M	AI	3
		9	

YLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

06945

	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAN	II O STATE	/here deceased lived. If institut b. COUNTY	ion: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Bethesda	write c. LENGTH OF STAY IN 1		outside corporate limits, write l	RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospitol, give or institution The Clinical Center,	re street address)	St.August d. STREET ADDRESS d. 238 San M	Marco Avenue	e. IS RESIDENCE ON A FARM? YES NO TO
	3. NAME OF First	Middle	Lost	4. DATE Moi	nth Day Yeor
	(Type or print) Betty		Kinlaw	DEATH Jui	ne 12, 19 59
		7- MARRIED NEVER MARRIED WIDOWED DIVORCED		1927 9. AGE (In years lost birthdoy) 32 yrs.	HOUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Housewife	ne 10b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (Stone Florida		12. CITIZEN OF WHAT COUNTRYP
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	William Burchfield		Etta Me	elcher	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes. no. or unknown) 1/1/8 yes. give wor or dotes of serv	ES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT THE Med		ress
	(Yes, no, or unknown) (If yes, give wor or dates of serv	Unknown	The Clinical	Center, Bethes	sda 14, Maryland
	PART I. DEATH [Enter only one couse part I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Cardiac Arrest	t rt Disease with	n Aortic amd Mi	itral 7 Years
2	Bilateral Pneumon				VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OF CONTRIBUTING LI CAUSE OF DEATH I (I FEITHER, NOTIFY MEDICAL EXAMINER) OF CONTRIBUTION LICENSE OF DEATH OF CONTRIBUTION LICENSE OF DEATH	20d. INJURY OCCURRED 20e. While Not while of work	. PLACE OF INJURY (Home, for factory, street, office bldg., et	m, 20f. (City or town)	(County) (State)
	220. BURIAL, CREMATION, 22b. DATE THEREOF	WILSON, M.D. 22c. NAME OF CEMETER	oth accurred at 2:10 The Nati Beth	P.M., from the causes of ADDRESS (Street, city or town, Clinical Centeronal Institute esda lu, Mary) 22d. LOCATION (City, town,	er 6-13-5 es of Health and or county) (Stote)
]	Burial-transit 6-13-	-59 San Lore	enza Cemeter	y St. Augus	tine, Florida
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	343		STRAR'S SIGNATURE
	ROBERT A. PUMPHRE	Y Bethesda,	MQ. DATE	N 1 6 '59 Cal	Thun & Henry

978 802 0 85.0 CE STATUTEDA, FE To the same of the Post (3 sensors) Transmit Time Official College, Decoupy Line North Land THE PROPERTY AND ADDRESS OF THE PARTY OF THE The state of the s

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6969 CERTIFICATE OF DEATH

06946 Rea. Dist. No

1. PLACE OF DEATH o. COUNTY Mon	tgomery		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Marylar		d lived. If institution b. COUNTY	on: Resident	ce before	e odmissi	on)
	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corpo			_	_)
B ethesda	recirest town;		100 days		Silver Spri		56				
d. NAME OF HOSPI OR INSTITUTION			oddress)		d. STREET ADDRESS		1		e		FARM?
	cal Center			d.	522 Beacon					YES 🗌	NOY
3. NAME OF DECEASED (Type or print)	Michae		Middle Davis		Klaff	4. DATE OF DEATH	June	th	Doy 7.		9 59
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	140	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	I YEAR		
Male	White	WIDOWI	ED DIVORCES		April 2, 199	55	last birthday)	Months	Doys	Hours	Min.
100. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	R INDUS	STRY 11. BIRTHPLACE (Stote of			I2. CITI	ZEN OF	WHAT	COUNTRY?
None 13. FATHER'S NAME	king life, even if refired)	None		District of	of Col	lumbia			S. A	
13. PATHER S NAME					14. MOTHER'S MAIDEN N						
Harvey J.			4 42		Annette Kou	pchil					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		VFORMANT TO			ess The		ical	100001
No]	Vone	Th	ne Clinical Co	enter	Betnesd	a 14,	Mar	ylar	id
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Aho	ne for (a), (b), ond (c).] lo min al Mal		ancy				INTER	T AND	WEEN DEATH, Ionths
1979	DUE TO	1							-		
Conditions, if a	mu sublah V	Ma	Lignant Mes	ench	nymal Tumor						
gove rise to i	mmediate (-		
lying cause lost.	rne under-										
Z PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	JAI DISEAS	F CONDITION CIVI	ENI INI DADT	1/01/10	W/AC A	UTOPCV
3								EIN IIN FAKI		PERFOR	MED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	ERIBE HOW INJURY OC	CURREC	D. (Enter noture of injury in Po	ort I or Par	t II of item 1B.)				
Hour o.m.	RY Month, Day, Yes	While of world	Not while of work	foc	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)				ounty)		(State)
21. I certify the	nat I attended the	decease	ed from Febru	ary	27, 1959, ta Ji	ine 7	19.59	,that I le	ast sav	v the c	deceased
dive dil		nn	Z, and mar	aeain	accurred at 12:45	DAM, from	n the causes a reet, city or town, :	nd on th	e date		
ACTUAL	A XIV	1/1	0 4 -11/1		The Clinic				7/59		TE SIGNED
SIGNATURE	1200		- vucc		National						
PHYSICIAN'S H	AROLD R. SI	LBER	MAN, M.D.		Bethesda]		aryland	near o	11		
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	22b. DATE THEREO	F	Whited/Heb	to en/	Affinier Vashae Cénétery	7d 1084	igh (Sity, towner	county)R	osed	d Stofe	,Md.
23. FUNERAL DIRECTOR			ADDRESS	111	240 REC'D	1 1 1 1		TRAR'S SIG	NATURE		
B. Danzans	ky & Sons -	3501	14th Stre	et,	N.W. DATE JU	1 9 '5	9 au	Chun S.	there	A	

		NEW YORK		
	• • •	Maria de la companya	about the state of	
			Land Track	
Carried Carrie				
		150 H. S.		
	vincesta.			
	y northernor			
T-12	Lugger not	Pour II e		
T-12	Augrer no	Anny Tier		

	anyman y		
	SILVE STATE		The low that the same
	THE WEST SHOWN		
THE SHEAT OF THE SHOULD SEE			
			100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			orga
	and the second		
espon to the resident to the Section of the section	o in a display		S AND SHELL LODE STONE LOTE Submitted Stone and
100 100	STATE OF THE STATE OF		
		AL STEEL STATE	

I

oletely filled in by the funeral directar, rs. Pages 1 and 2 should be filled with

Then please remove carbon papers. attending physicion and co. removal, and in any event TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached far use as the burial-transit permit. Then the registror prior to burial, cremotion, ar removal, and in any event

The law requires that the death certificate be execu

V\$ A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6970
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

o. COUNTY	NTGOMERY .		MARYLAND		USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN RURAL and give r GERMAN		its, write	c. LENGTH OF STAY IN 15		c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Washing ton, D.C. 4-7 x - 3
OR INSTITUTION	ITAL (If not in hospital, g	NTIP S	ddress)		d. street address N.E. o. is residence ON A FARM? YES NO IX
3. NAME OF DECEASED (Type or print)	Fir	rst RMA	Middle	1.	Lost 4. DATE Manth Day Year OF DEATH 6 30 19 59
5. SEX	6. COLOR OR RACE	di un danimi	D NEVER MARRIED	B. D	DATE OF BIRTH 9. AGE (In years' IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE	WIDOWED	A.A.	N	Nov. 11, 1878 lost birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION AT H	ION (Give kind of work rking life, even if retired OME	dane 10b. K	IND OF BUSINESS OR INC	DUSTRY	RY 11. BIRTHPLACE (State or foreign country) West Virginia 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME				1	14. MOTHER'S MAIDEN NAME
Unkn	own				Jarrett
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR Ilf yes, give war or dates of s		no.		ormant orrest Lambert-4852 Queen Chapel Terrace N. E. Wash DC
Canditions, if a gave rise ta cause (a), stating lying cause last. PART II. OT OR CONTRIBUTING (IF EITHER, NOTIF)	the under-)	ONTRIBUTING TO DEATH B	UT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING DEATH Y MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCUR	RED. (E	(Enter nature af injury in Part I ar Part II of item 18.)
20c. TIME OF INJU Havr a. m. p. m.	RY Manth, Day, Yes	While at wark	Nat while		E OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State ry, street, office bldg., etc.)
actual SIGNATURE	hat I aftended the	D. K	10	th ac	7., 1958, to 6/30 //159, that I last saw the deceased accurred at
PHYSICIAN'S NAME (Type)		Kerr			
22a. BURIAL, CREMATIC REMOVAL (Specify Removal	7/1/59)F	22c. NAME OF CEMETERY Teays Hi		CREMATORY Cemetery 22d October (City, town, or county) West Virginia (State)
23. The S. H		o. 29	901 14th Stashington	;. p	N.W. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

STATE OF STADE THE The state of the s TOO SERVICE OF THE PARTY OF THE Per Will a received the apost ithin 24 hours ofter

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6971 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

o. CO	of DEATH	7	91	MARYLA		usual residence (Wi o. STATE Maryland	here decease	ed lived. If instituti b. COUNTY		before ad	lmission)
ь. CIT RUI		outside carporate limi	its, write	c. LENGTH OF STAY IN	v 16 Х	c. CITY OR TOWN (IF of Bethesda	outside corpo	orote limits, write R	URAL ond give	nearest	town)
OR	INSTITUTION	AL (If not in hospital, of Hospital,			1	d. STREET ADDRESS 5736 Bradl	ey Bly	vd.		0	RESIDENCE ON A FARM? S NO
3. NAMI DECE/ (Type	E OF ASED or print)	Hulda	st	Mathilda	L	Lost	4. DATE OF DEATH	Mor June	th	Day 9	Year 1959
5. SEX Fema	ale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED		anuary 12,	1863	9. AGE (In years last birthdoy) 96 yrs.	Manths Da		
Hous	sewire	IN (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote Germany	or foreign o		U.S		AT COUNTRY
	ER'S NAME				14	. MOTHER'S MAIDEN					
	diand L.		CEAS I.				ADAPOI				
Yes, no, or		RIN U. S. ARMED FOR If yes, give war ar dates of s		SOCIAL SECURITY NO.		MANT George A.	LANGE	Add Same	**		
4		TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).]	ne of	eout for	lune			INTERVA ONSET A	L BETWEEN AND DEATH
go	ve rise to in se (o), stating t ng cause last.	nmediote Dus To		Orlen	osel	evotre De	the	Deserve		Lev	year.
CATION	- 415		DITIONS_	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PART 1(PE	AS AUTOPSY REFORMED?
OR C	ACCIDENT WA CONTRIBUTING ITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter noture of injury in	Part I or Po	rt II of item 1B.)			-
WEDICAL	TIME OF INJURY Hour a.m. p.m.	Month, Doy, Yes	20d. II While at wor	Not while	0e. PLACE factory,	OF INJURY (Hame, farm street, office bldg., etc	n, 20f. (Cit	y or town)	(Соы	nty)	(Stote
aliv	re an 9		, 19	ed from 14 Apr 59 , and that o LL ZT. MC NSA	leath ac		M, fram	the causes an	d an the d	ate sta	e decease ited abave DATE SIGNE
NAM	(-)po/	H. O'CONN		LT MC USN	EPY OP CP	U.S. Naval		ital, NNM			Md.
	OVAL (Specify)	6-12-59		St. Bonif		LINATORT		riden,	Conn.		3.0161
FUNE	AL DIRECTOR'S	AL N	scon	ADDRESS sin Ave. Bet		24a. REC	D BY REGIS	TDAD 245 DECL	STRAR'S SIGNA		

320				
	The same			2000
		8128 U	(firmal)	t he select
	NIS PROGRESS L'AVO.	- 6)d abinoria		avew .S.U
SE C MONTO	200 a.g. ar 2005	d antimate		
	animy 18, 100g)	٠.٠	stidii	plant.
• • •	Bornery			chivecres.
	Parlice mention		BOULL .	Tenninge
The second	AEEL .a sprob (109)		No.
	A STATE OF THE STATE OF			
	eght, Qui 98			
all about a plant	U.S. Rivell Heaven	All In the		
e leady potablish in	Stagged J vot 18.0	127 16 15	.e. 6'comes	
	nind	er times	03-22-	
	STUTION OF A CO	host of .ey' akno	oorly like a r	rija Val

FOR STATE HEALTH DEPT.

Predson or files.

refuneral director relative file state for your file state Board of Head of Head for the following file for the following for the followin

1. 2. or Page in 24 hours after death Give Pages 1, 2, or ith form PM3. Page It. File pages 1 and 2 arry event yeithin 72 h 0 Office ã pasa DIRECTOR: designated 4 should be f

Q 0 Q VS. A15ME 5M 2/57

6972 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06950

Reg. Dist. No.215 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomery b. COUNTY MARYLAND Virginia Arlington b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda (Ruzal) davs Arlington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital. NNMC 1101 S. Columbus Ave. YES NO TO NAME OF Middle 4. DATE Lost Month Year DECEASED (n) (Type or print) Gave LANGELLO DEATH June 6 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. out birthday) Months Hours Female Cauc WIDOWED | DIVORCED [June 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife None West Virginia U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Newton SIBLETTE Bonnie LANE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address It yes, give war or dates of servicet No (Husband) Charles J. LANGELLO Same as #2 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Severe necrotizing tracheaitis and Bronchitis 6 days IMMEDIATE CAUSE (0) DUE TO Etelectasis (bilateral) marked 6 days Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying 6 days couse last. Inhalation of smoke PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? lst and 2nd degree burns involving extremities and trunk (7%) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Reported clothing caught afire while smoking in bed at home 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) WEDI factory, street, office bldg., etc.) While of work of work Arlington Arlington Va. 21. I certify that I taok charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinian death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner ACTUAL -DATE SIGNED M D CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Frank J. BROSCHART NAME (Type) DEPUTY MEDICAL EXAMINER TO 6-7-59 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Maryland St. Johns Cemetery Forest Glen **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE arthur S. Times Silver Spring

COTO MEDICAL EXAMINER'S CENTIFICATE OF DEATH

AFE ETEN

And the Property of the Parket		Falamin C. State	E-8 - granufind t
	may publish	14,15 E	(10Km) 504 / V.E.
THE STATE OF THE S			which devel in it
Sill 6			900
	English Francisco		
	elrically man		
	Boarie date		228251 00761
Service across bullers.	HAT TO THE TONE (breeft		
A STATE OF THE STATE OF	managerists out baco	Survice of the State of the Sta	
	terre (in	walls) since since	
		de la dolor de dolor	
	,) similar our nol. Am	zine pulvioval mego	d servan basi bun da 1
bund on ball of with	son alles orth or-	us mulatolo en zena	
. SV. Edward Mark			
	Distant specification		Day you Towns
(Q-, 1-)	CONTRACTOR TO THE REAL PROPERTY.		DE J. Hants Minds

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6973 CERTIFICATE OF DEATH

								walls and		
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYL	AND	2. USUAL RESIDENCE o. STATE Virgi		ed lived. If instituti b. COUNTY	on: Residence	e before adr	nission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg 9 years		N 1b								
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, sbury Metho		oddress)		d. STREET ADDRES	SS			10	RESIDENCE N A FARM?
3. NAME OF	Fi		Middle		Lost	4. DATE	Mon	al.	Doy	Yeor
(Type or print)	ANN	PA			AWSON	OF DEATH	-		22	1959
5. SEX Female	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCED		March 21	, 1881	9. AGE (In years last birthdoy) 78 yrs.		Doys Hou	NDER 24 HRS.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b. (KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE (S	State or foreign o	country)		ZEN OF WH	HAT COUNTRY
13. FATHER'S NAME			Maria Harris		14. MOTHER'S MAID	DEN NAME				
Eppa Fi	elding				Malis	sa Garis	son			-
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress		
Yes, no. or unknown)	(If yes, give wor or dates of	service)								
Conditions, if of gove rise to it couse (o), stoting lying cause lost.	mmediate (AR	REBARL DERTENSI	vc,	ARdio VASO	CULAR	Disens		1(o) 19. W/	AS AUTOPSY
CATIC									PEI	RFORMED?
O (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of injur	y in Port I or Po	rt II of item 18.)			
20c. TIME OF INJUS Hour a.m. p. m.	RY Month, Day, Ye	ar 20d. IN While at work	_ Not while	20e. PLAC	CE OF INJURY fHome, pry, street, office bldg.	form, 20f. (Cit	y or town)	(Ce	ounty)	(Stote)
actual SIGNATURE	and I attended the	, 195°	2, and that	death (0 10128	ADDRESS (S	m the causes of treet, city or town, market	and an the stote)	e date st	he deceased ated abave DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify)		F 4,1937	Palley		CREMATORY Cometer		okesu'ill	or county)	. 14	State)
23. FUNERAL DIRECTOR			O ADDRESS	Are	24g.	REC'D BY REGIS	E0	STRAR'S SIGI	NATURE	

		ASPITED CYTE	
	ahigu.		
	not made	the second of th	
		easilise ibedigit emple est	
		The state of the s	
1	Elizadio Francis		
	HALL SEE CAPEAGE	anthially ages	
	Heldi M. S	A CONTRACT OF THE STATE OF THE	
		AS TAUTION TO MANY TO STATE OF THE PARTY OF	

TENDIN

TO HOSPITAL O

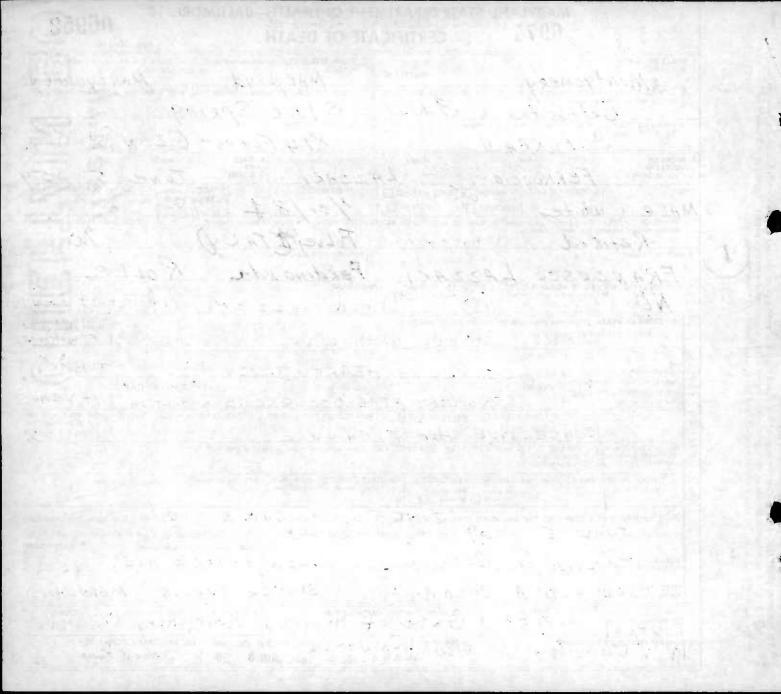
may be retained by the ho

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6974 CERTIFICATE OF DEATH

06952

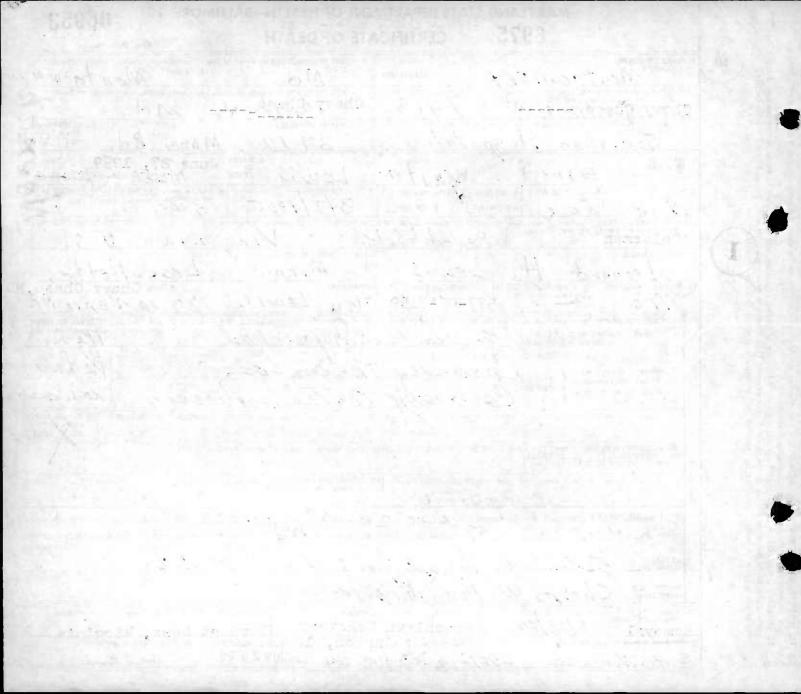
-	1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
1	MONTGOMERY MARYLAND	o. STATE MARYLAND b. COUNTY MONTGOMELY					
H	b. CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)					
	Betheeda Shis.	56SILVER SPRING					
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
T	SUBURBAN	8/4 FOREST GLEN /cl YES NO IN					
	3. NAME OF First Middle	Last 4. DATE Month Day Year					
	(Type or print) FERRUCCIO . LA	ZZARI DEATH JONE 5 1859					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HKS. Months Days Haurs Min.					
	MALE White WIDOWED DIVORCED	131/8 1 Xyrs.					
	10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDU during mask of warking life, even if retired)	STRY 11. BIRTHPLICE (State of foreign country)					
1	Refired. Utocety	Bolvey TALY) NO Italy					
1	13. FATHER'S NAME	14. MOTHER'S MAIDEM NAME					
	FRANCESCO LAZZARI	rerdinanda . ROLLE					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, no. opughnos) (If yes, give war or dates of service)	NFORMANT Address					
	// Ve.s	LEG YSZZSKI SIL LOLOSLOVEN VU					
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL 8ETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: CARDIAC ST	AND STILL SMINUTES					
	420.1 DUE TO	2 1/2					
ı	Conditions, if any, which agave rise to immediate (b) COMPLETE	HEART BLOCK LAKS					
	cause (a), stating the under-	11 1/200:					
		TERO SEEE TOS STAPES					
	E	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
		FAILURE NO D. (Enter nature of injury in Part I or Part II of item 18.)					
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S. (Elliel Harde of Mon) in Fair For For No. 1881 16.)					
	= 1	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State)					
	Hour a. m. p. m. 19 While Not while at work at work						
	21. I certify that I attended the deceased from JUNE 5, 1957, ta JUNE 5, 1959, that I last saw the deceased						
	alive on JUNE 5, 19 59, and that death accurred at 2 P. M, fram the causes and on the date stated above.						
ď	ADDRESS (Street, city or town, state) DATE SIGNED						
	SIGNATURE Edural Co Delman	M.D. 10620 GEORGIA AVE.					
1	PHYSICIAN'S EDWARD A. BEEMAN, MIT.	SILVER SPRING MARYLAND					
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATIONY 22d. LOCATION (City, town, or county) (State)					
	REMOVAL (Specify) 6/8/59. Onte o	+ Heaven Montgemery Co. Md.					
	23. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS Chap)	N ST. NIL 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
	MALL MARIE	DATE JUN 8 '59 Chilling S. Khana					



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 FilmG244 7-7-59 et CERTIFICATE OF DEATH

	Reg. Dist. No.
o. COUNTY Man tace OF DEATH MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
10114011101	Tildi Tilan Igani
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown) De Charles C. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS ON A FAR YES NO
JOHO FRAN 110 MILLIAN	
NAME OF DECEASED (Type or print) Etnest Walter	Lewis 4. Date June 197, 1959 y Year DEATH
SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED DIVORCED DIVORCED	lost birthdoy) Months Days Hours A
lo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS, OR IN during most of working life, even if retired) Salesman Realestan	IDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTY)
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard H. Lewis	Minnie, Lescallette
(es, no. or physown) (If yes, give wor or dates of service) 577-05-7159	olga Lewis, 37 10 Monor R
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWE
PART I. DEATH WAS CAUSED 8Y:	el du la la lan. ONSELANDOE
1420 IMMEDIATE CAUSE (o) DUE TO	11/1
Condition it am which a Control of	The man bears Voter
gove rise to immediate	110 Marine Care
couse (a), stoling the under. DUE TO CORONALLY	Ortenoselcrosis Musuo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTO PERCOPME YES A NO
	RRED. (Enter noture of injury in Port I or Port II of item 18.)
Hour o. m. While Not while	PLACE OF INJURY (Home, form, form, foctory, street, office bldg., etc.) (City or town) (County)
p. m.	e rd duna - rd
	26, 1959, to 600027, 159 that I last saw the dece
alive an Une 76, 19 57, and that dec	ath accurred at 12 3. M, from the causes and an the date stated ab
ACTUAL 0 1 111/11 11 11	ADDRESS (Street, city or town, stote) DATE SI
SIGNATURE CASALLEN HELLEN HELL	J.M.D. 1746 R ST. N.W.
PHYSICIAN'S Charles W. Hemphre	SIVI
BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	Y OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Removal (Specify) 6/28/59 Greenlawn	n Cemetery Newport News, Virginia
	ington, DC240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	NOW DE DATEJUN 29'59 CIRLING & Kraus



ony

buriol,

0

poge 0

VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6976

CERTIFICATE OF DEATH

06954

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND 9 mutt GOMENI b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporate limits, write RURAL and give sedest town) RURAD and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? add YES NO NAME OF DECEASED DATE First Middle Lost Month Day Yeor (Type or print) DEATH 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years (lost birthday) Months WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even-it retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address SME ON 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b; DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur o. m. While Not while of work of work p, m 19. 19.57, that I last saw the deceased 21. I certify that I attended the deceased from A and that death accurred at 1 M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kraus

oth. Page 4

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

certificate has been signed by the otlending physician ond cg e as the burial-tronsit permit. Then please remave earbos, pa

moy be retained; the hast or attending physician.

TO FUNERAL DIRECTOR: Aft is certificate has been signed by the ottending physipage 3 should be detoched for use as the burial-tronsit permit. Then please remove the registror prior to burial, cremation, or removal, and in any event within 72 hough

TO HOSPITAL OR

VS A15 (4) 15M 10/57

ofter des

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

								Kag. DI	21, 140,	
1. PLACE OF DEATH o. COUNTY Montgomer	ry		MARYLAND		USUAL RESIDENCE (WHO o. STATE Alaska	ere decease	d lived. If institution b. COUNTY	n: Residen	ce befare adn	missian)
b. CITY OR TOWN (If RURAL and give ned		ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If a	utside carpa	orate limits, write RI	JRAL and	give nearest to	own)
Bethesda	orest town,		105 days		Ketchikan		8	8 ×	-3	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS				e. 15 l	RESIDENCE
The Clini			thesda 14. Md		2713 Tong	ass S	treet			A FARM?
3. NAME OF DECEASED (Type or print)	Fir Lucir		Middle	7/	loss [acDonald	4. DATE OF DEATH	Mont		Doy	Year
5. SEX			RIED NEVER MARRIED	_	ATE OF BIRTH	J.A.	000.		28,	19 59
Female	White	WIDOW	ED DIVORCED		August 1, 1	953	last birthday) 5 yrs.	Manths	Days Hou	
10a. USUAL OCCUPATION during most of working	N (Give kind of work or ing life, even if retired	done 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (State	or fareign c	ountry)	12. CIT	IZEN OF WH	AT COUNTRY
Unila			None		Alas	ka			U. S	. A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME		V		
Joseph Ma	cDonald					ne 011				
15. WAS DECEASED EVER	IN U. S. ARMED FOR						Recorded			
No			None	The	Clinical C	enter	, Bethesd	a 14,	Maryl	and
PART I. DEAT	TH [Enter only ane ca TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ne for (a), (b), and (c).]	. (In emia	15			ONSET AP	BETWEEN ND DEATH
Canditions, if an gove rise to im couse (o), stating the lying cause last.	mediate Dur To	1	Hemouhogic	cl	'athesi's,	2"	1 d to 6.	-)		
7	MARKET		CONTRIBUTING TO DEATH BI					EN IN PART	PER	S AUTOPSY FORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURI	RED. (E	nter nature of injury in P	art I or Part	t II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	While of war	Nat while	PLACE	OF INJURY (Home, farm, , street, affice bldg., etc.			(0	County)	(State)
	at I attended the ne 28	deceos	2, and that dea		curred at 3:07	June 2 A _M , fran	n the causes a	nd an th	ast saw th	e decease
ACTUAL SIGNATURE	and Da	ven	FOR HR Silbe	A.M.	The Cl:	inical		Both		-28-59
PHYSICIAN'S NAME (Type)	Leonard Gar	ren,	M. D.				titutes Marylan		alth	
22a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	July 6,	1959	22c. NAME OF CEMETERY KETCH	or cr	n Cenetery	KeZ	chiken	r county)	1/25 /	tate)
23. FUNERAL DIRECTOR'S						BY REGIST		RAR'S SIG	NATURE	
W. W. C	HAMBE	RS	CO. N.W. Wa	Sh	D.C. DATE JU	N 3 0 '5	9 0	Lun 8	H	

31			THE DEPARTMENT			
					- 42	
			• •			
BILL THE LAND						
		· AUTOMATICAL STATES				
	The areas					
						County Control
6						
	The second second		Panel ha			
				The state of		
	<,					
d Hiskan	AcZchile Mezenile	marks and the	Lesson X	121119	1.0 .00	762 763
		2 mg 1,9 . C.	12 000 100 100		0011	A
	A 4	•				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06956

	0300		CERTIFIC	CATE OF	DEATH			Reg. Dist		000
PLACE OF DEATH o. COUNTY	MONTGOMERY		MARYLAN	O STATE	Mary 1		b. COUNTY		griner	
b. CITY OR TOWN (IF RURAL and give ne ROCKV	arest town)	ls, write	6 yrs	b c. CITY Of	1	diside corporat	le limits, write RU	RAL ond gi		
WAVERLY SAT	AL (If not in hospital, s	give street	address)		ADDRESS 1	200 Bl	ock 16	St.I		RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	BLANCHE	st	Middle	MADDUX	ost	4. DATE OF DEATH	Moni Ja	ne	Day 9	Year 1959
S. SEX Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED	77/79	1/1859	9.	AGE (In years last birthday) 99 yrs.			JNDER 24 HRS. Durs Min.
0a. USUAL OCCUPATIO during most of work None	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IN		PLACE (Stole o	or foreign cour	ntry)		USA	HAT COUNTR
3. FATHER'S NAME Martin Madd	lux				s MAIDEN N rginia		tt			
15. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of	CES? 16.	SOCIAL SECURITY NO. 17	Cabell Ma	addux	4501	Chester			la. IcLean
Conditions, if or gave rise to in case (o), stoting t lying cause lost.	he under-	, Se		cekn					72	years
CATIC	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CONTRIBUTING TO DEATH I					EN IN PART	PE	PAS AUTOPSY ERFORMED?
OF EITHER, NOTIFY		While	NJURY OCCURRED 20e. Not while	PLACE OF INJURY factory, street, offi	(Home, farm, ice bldg., etc.)	20f. (City or	r town)	(Ce	ounty)	(State)
	at I attended the		ed from May 7	nth occurred a	t 6988-F	M, from		nd an th		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	6/12/59)F	St. Paul	OR CREMATORY			on (City, town, o			(State)
23 FUNERAL DIRECTOR'S	era House	Inc. 7	756 Pa. Ave.	N.W.		BY REGISTRA		TRAR'S SIGN	4 =	

TO HOSPITAL OR VS A15 (4) 15M 9/SS

			and the state of t
2000ml2001			TEODIC IC
		17.	
	moženijak zinem		AUTOMOTIAN KONTAN
	LET XXXX		MOVALS LANGE
		Carry Carry	Personal Marine Commission
	A CONTRACT OF THE PARTY OF THE		
	41 1744		2011 Tel. 11 Lift Co.
	owen out out tooy admin that		
			To the control of the
			OF SET THE SET OF SET O
			OF SET THE SET OF SET O
			OF SET THE SET OF SET O
			The state of the s
			The state of the s

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6079

06957

	0310		CERTIFICA	ATE OF DEAT	IH		Reg. Dis	t. No.	215	
1. PLACE OF DEATH a. COUNTY Montgome	ry		MARYLAND	2. USUAL RESIDENCE (* a. STATE Florida	Where decease	d lived. If instituti b. COUNTY		e befare	e admiss	sian)
b. CITY OR TOWN	(If autside carporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If autside carpo	orate limits, write F	URAL and g	ive near	est tow	n)
RURAL and give a Bethesda	/		21 days	St. Petersh	מיינור	118	x - 3			
d. NAME OF HOSP	ITAL (If nat in hospital, o	ive street		d. STREET ADDRESS	July	70		6	. IS RES	SIDENCE
OR INSTITUTION	val Hospita	1		6801 46th A	Ave. No	rth				FARM?
3. NAME OF	Fig.	-	Middle	Last	4. DATE	Mar	n tin	Day		Year
(Type ar print)	Aro	n		MADSEN	OF DEATH	_	ne	28	-	1959
5. SEX	6. COLOR OR RACE	7. MAR	RIED 🔀 NEVER MARRIED 🗌	8. DATE OF BIRTH		9. AGE (In years last birthday)				
Male	Caucasian	WIDOW	ED DIVORCED	1-15-99		60 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATI	ION (Give kind af wark	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ate ar fareign o	country)	12. CITI2	EN OF	WHAT	COUNTRY
Mariner	rking life, even if retired		S.Coast Guard	Denr	nark		U.	S.A.	10	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
Harold M	ADSEN			Ida MATT	SON					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	NFORMANT		Add	ress			- 11
Yes, no, or unknown)	(If yes, give wor or dotes of s unknown	ervice)	066-30-6429 I	Hospital Reco	ords					
	ATH [Enter anly ane co			-				LINITES	OVAL OF	ETWEEN
				and the same and delay		to 1	deron	ONSE	LAND	DEATH
16-11			nocarcinoma, r	ectum, with	metasta	ases to I	Tver		8 mc	JS •
104X	DUE TO	a	nd lungs.							
Canditians, if a)						-		
cause (a), stating										
lying cause last	. (c)(
PART II. OT PART III. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PART		PERFC	AUTOPSY ORMED?
200. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH	20b. DES	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I ar Par	rt II af item 18.)	21.5			
	MEDICAL EXAMINER)						100			
20c. TIME OF INJU Havr a. m. p. m.		While at war	Nat while fa	ACE OF INJURY (Hame, fo ctary, street, affice bldg.,		y ar tawn)	(C	aunty)		(State
21. I certify t	hat Lattended the	deceas	ed from June 7	, 19.59 , ta_	June 28	3 1959	that I las	t saw	the c	lecenso
alive an Ju			59, and that death							
dive dil_gg	***		ZZ, and mar dean	decorred di		treet, city ar tawn,		date		TE SIGNE
ACTUAL SIGNATURE		, , , ,	9	M.D. U. S. N			,	6-	29-5	59
PHYSICIAN'S NAME (Type)	1/000000		, LCDR, MC, US	N Bethesd	a, Mary	land				
22m BUDIAL CREMATI	ONI 225 DATE THERE	\r	I as the same as a second		201 1001	71-11-10				

Mamorial Park Cemetery

meral Home, Bethesda, Md.

St.

24g. REC'D BY REGISTRAR

DATE JUL 2

Petersburg

Florida

24b. REGISTRAR'S SIGNATURE Orthun S. Krows

the registrar priar ta burial, VS A15 (4) 15M 9/58

EACH PARTER OF THE PROPERTY (LEASE) DEPEND OF STREET At sense and the board of the contract of the abrus A. Alekson - Crises, april 122 mm es de ces communes de la composición de A COUNTY OF THE PARTY OF THE PA

Consider the second of the second sec

maken to the grande with the several process of the several control of the several sev

11	1
L	>
Page	director ed with
Th.	eral di

ely filled in by the funeral director Pages 1 and 2 should be filed with

within 24 hours after

TO HOSPITAL OR A NOING EHYSICIAN: The law requires that the death certificate be executed we may be retained by the hasp or attending physician.

TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and can page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after each.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
979

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH 6979

06958 Pos Dick No

			Neg. 5131. 140.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If inst o. STATE Maryland b. COUI	
b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give nearest town)
Bethesda (Rural)	41 days	Tacoma Park	1617-2
d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION U. S. Naval Hospital		d. STREET ADDRESS 6817 Red Top Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Edward	Middle Earl	Lost 4. DATE OF	Manth Day Year June 1 1959
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In ye	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Caucasian wind	OWED DIVORCED	Sept. 5 1901	yrs. Months Days Hours Min.
0o. USUAL OCCUPATION (Give kind of work done I during most of working life, even if retired) Taxi Cab Driver	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) Rhode Island	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Manning		Annie Dennis	
(Yes, no, or unknown) (Yes, no, or unknown) (If yes, give wer or dates of service) WW-1	16. SOCIAL SECURITY NO.	NFORMANT Ethel A. Manning (wife)	Address
Conditions, if any, which gove rise to immediate couse (a), stating the under. DUE TO lying couse lost.	erthosele	rouc Real Three	se 3 fylin
	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.	
Haur o.m. WI		ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	(County) (Stote)
21. I certify that I attended the decorative an 1 June 1 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R. G. GALBRAIT	9 59, and that death	accurred at 9:45P M, from the causes ADDRESS (Street, city or to M.D. U. S. Naval Hospital	own, state) DATE SIGNED
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 6-4-59	22c. NAME OF CEMETERY OF Fort Lincoln	R CREMATORY 22d. LOCATION (City, to	
Chambers Funeral Home	3072 M St. Wash	D 0 400 + 100	REGISTRAR'S SIGNATURE

7 action (decay) and the Devis of dospinal, becausely Marty to Mily and I of the n. There are the court in the second I.v. : '... The state of the sale (elds) painted . A lensi the state of the s AN COMMANDER OF THE COMMANDER OF THE COMMANDER OF THE COMMAND AND AND ADDRESS OF THE COMMAND AND ADDRESS OF THE COMMAND AND ADDRESS OF THE COMMAND ADDRESS OF TH AN A TO A LOWER the same of the same of the same

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission o. COUNTY O. STATE b. COUNTY Health, MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN III autside corpo c. CITY OR TOWN (If outside corporate limits, write RURAL and give georest town) Board d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre-Voddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Month Year DECEASED OF DEATH {Type or print} 9. AGE In years 5. SEX 6. COLOR OR RACE MARRIED THE NEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS day) Months 5 Hours WIDOWED 2 DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uring most of working life, even if retired) = Own Home honeword 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jane L. Colton 16. SOCIAL SECURITY NO. 17. INFORMANT 066-10-6267 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY Fat embolism sudden IMMEDIATE CAUSE (o) DUE TO Fatty liver Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY wsed PERFORMED? edical YES SE NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy X. Inspection and in my should be forwarded FUNERAL DIRECTOR: designated agent, opinion death resulted from: Natural causes . Accident . Suicide , Hamicide . Undetermined monner ACTUAL M.D. CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ŏ Arlington, Virginia Arlington National 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR DATE JUN 1 2 '59 VS. A15ME arthur S. Krous Robert A. Pumphrey Bethesda, Maryland 5M 2/57

The state of the second of the and the state of the second of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MON'TGOMERY MARYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) COLESVILLE COLESVILLE vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 505 COPLEY LANE 505 COPLEY LANE NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH JUNE 20 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months FEMALE WHITE JULY 16, 1925 WIDOWED [DIVORCED [7] 33 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home maker Own home Minnesota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 Lerov Wright Chamberlain Hulda Wirtaen IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Iff yes, give war or dates of service 517-24-1732 Mr. Robert C. Marshall. 505 Copley Lane 72 attending no Colesville 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Haur a.m. While Not while at wark at wark 21. I certify that I ottended the deceased from 4 that I last saw the deceased , and that death occurred at M. from the causes and on the date stated above. alive an_1 ADDRESS (Street, city or town, state) ACTUAL SIGNATURE shauld be istrar prior PHYSICIAN'S NAME (Type) registrar FUNER age 3 sh 220. BURIAL, CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page

0 VS A15 (4) 1SM 10/57 Transit & D

6/25/59

Wolf Lake Village Cemetery

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Thousa

Wolf Lake, Minnesota

06960

e. IS RESIDENCE ON A FARM?

Hours

MA INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(Stote)

DATE SIGNED

(State)

Days

U.S.A.

(County)

YES NO DO

Year

The property of the property o	TIBEON HIAROS		
AND TO SERVICE SOLUTION OF THE PROPERTY OF THE			
		55 8 30 7 90 50	
The control of the co			
	and the second		
		(6) In (1) (1)	
	apar walled get , thereast in fracti		
A tour many and the second of			
Think E Mind of the Control of the C			

6982 **CERTIFICATE OF DEATH**

Rea. Dist. No

1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If austide carpointe limits, write RURAL and give neglect town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Tubutbare	d. Street Address e. Is residence on a farm? YES NO
3. NAME OF DECEASED (Type or print) The boil Ann	Warth June 30 19 39
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Vyrs. 1 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most af warking life, even if refired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME 11. MOTHER'S MAIDEN NAME 12. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MOTHER'S MAIDEN NAME 17. MOTHER'S MOTHER
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	Was Martin- Salves
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 773.0 DUE TO Canditions, if any, which gove rise to immediate couse (a), stating the under. DUE TO	Membrene Disleval 2 Days
Iying cause lost. (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, location, street, office bldg., etc.) (City or town) (County) (Stote)
ACTUAL COLUMN TO SERVICE OF THE SERV	n accurred at 2 AM, fram the causes and an the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED M.D. 2203 Largaring Dec NW.
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY OF COMPANY OF	POR CREMATORY 22d TOCATION (City, town, or county) (Stote) 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Taken & Sovoroche - Noch	KEINE, MODATE JUL 6 '59 Crithur S. Kanua

Page 4

Poges

AN: The low requires that the death certificate be executed within 24 hours ofter TO HOSPITAL OR AT DING PHY (AN: The low requires that the death certificate be executed with moy be retained by haspital or reading physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 shauld be detached far use as the buriol-transit permit. Then please remove corban papers, here registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5B

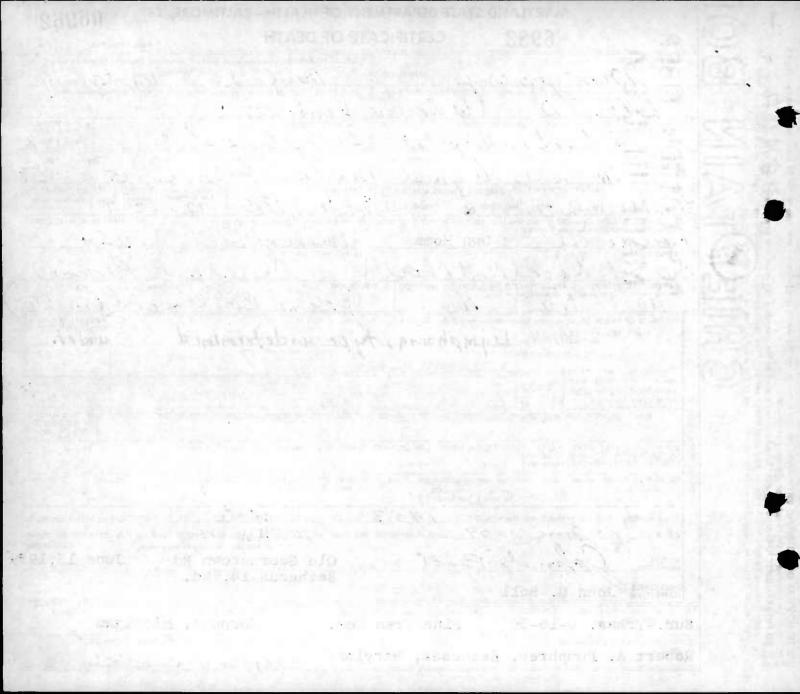
. . . . and the second transfer of the second THE SHALL S the contract of the same of th

TO HOSPITAL O

VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	6983	CERTIFIC	CATE OF DEATH	Reg. (Dist. No.
b. CITY OR JOWN (If outside RURAL and give marest to	e carporate limits, write	MARYLAN	Maria	b. COUNTY ME	ntomery
d. NAME OF HOSPITAL (If n	LN	6 hour	d. STREET ADDRESS 5012 7 land) live	e, IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	trude (Middle	Martin 4. DATE OF DEAT	HJune 1	Day Year
a. USUAL OCCUPATION (GIV	DLOR OR RACE 7. MARRIEI WIDOWED e kind of work done 10b, KII	DIVORCED [8. DATE OF BIRTH October 8 1886 DUSTRY 11. BIRTHPLACE (State or foreign	7.2 yrs. 8	ER 1 YEAR IF UNDER 24 HR Doys Hours Min.
during most of working life	even if retired)	vn Home	Muche gar		15A
. WAS DECEASED EVER IN U. (es, no. or unknown) (It yes, gi	S. ARMED FORCES? 16. SO	OCIAL SECURITY NO.	INFORMANT CO	dia 1 Address	(Sughte
PART I, DEATH WA	DIATE CAUSE (o) DUE TO ich (b) ote (DUE TO	far (a), (b), and (c).]	type undeter	mine d	INTERVAL BETWEEN ONSET AND DEATH
		ntributing to death	BUT NOT RELATED TO THE TERMINAL DISEA	ise condition given in Pa	ART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
20a. ACCIDENT WAS UNDO OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICA	ERLYING 20b. DESCRI USE OF DEATH AL EXAMINER)	IBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Pa	ort 11 of item 18.)	
20c. TIME OF INJURY Mor Hour o. m. p. m.	While	URY OCCURRED 20e. Nat while of wark	PLACE OF INJURY (Home, farm, 20f. (Ci factory, street, office bldg., etc.)	ty or town)	(County) (Stat
21. I certify that I a alive on	fune 195		ath accurred at 10.234 Wom ADDRESS Old Georget	n the causes and an t (Street, city or tawn, state) OWN Rd	last saw the decease he date stated abov DATE SIGNI June 15,19
PHYSICIAN'S John			Bethesda 14		
Bur - Trans	6-16-59	Pine Tre		unna, Michi	
Robert A. Pu		ADDRESS	aryland DATE NA 7 15		SIGNATURE



		Delitary 15 65		
	30602011			
			(asked) magazina	
	THE RESIDENCE OF STREET		Indianal Lave	
Maria Po		21.1		
STATE OF THE PARTY				
			energe continue	
.8.2.17	at a little and a	for the pro-	511.	
	Market Market Street		CHERRY TOL PERSON	
ILS.Level. Var				
	(
		,		
W C	The Energ Loads .p G	Parent Stage		
	The start of the start	THE (E) HERE	ment of a second	
fathural	and the least of the second	objection and	E-32 The Allerth	
	Talenti Erani	1 , 45 payrad , next		

CERTIFICATE OF DEATH

00	G G_11111101			leg. Dist. No.
1. PLACE OF DEATH O. COUNTY MONT GOMERY	COUNTY MARYLAND	O. STATE WASH	re deceased lived. If institution	
b. CITY OR TOWN (If autide corporate limits, we RURAL and give nearest town) Silver Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	rside corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION 9301 Weaver Street	street oddress)	d. STREET ADDRESS	NA, AVE, S	S.E. S. RESIDENCE ON A FARM? YES NOW
NAME OF DECEASED (Type or print) LOUIS	B. Middle	PATTARE	4. DATE Month OF DEATH JU/	VE 26 195
Karana milian	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 27, 1		UNDER 1 YEAR IF UNDER 24 HE
Oa. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUS	Maryland		12. CITIZEN OF WHAT COUNT
Housewite	OWIT TIOMS	14. MOTHER'S MAIDEN NA		U. S.
Bernard Buscher		Louise Bu		
5. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no. or unknown) (If, yes, give wor or dates of service	()	NFORMANT Son uke Mattare	5702 Kirks Chevy Chas	
DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HYPERTENS AND DIA ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ELLITUS ALDISEASE CONDITION GIVEN	S YEAR S YEAR I IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES \(\) NO I
	DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 20e. Pt.	D. (Enter nature of injury in Pa		(Caunty) (Stol
Haur a.m.	While Not while for wark at wark at work	ctary, street, office bldg., etc.)	201. (City or lown)	(County) (Slot
21. I certify that I attended the de olive on JUANE 26. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) VINCENT J.		occurred ot 6 451		that I lost saw the decear d on the date stated about the DATE SIGN RESE June 26
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 6-29-59	22c. NAME OF CEMETERY O Mt. Olivet		Washington,	D. C. (State)
3. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHR	EY Bethesda			AR'S SIGNATURE

may be retained the hospitotor attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and can page 3 should be detached far use as the burial-transit permit. Then please remove carbon papt the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offer dealty. TO HOSPITAL OR VS A15 (4) 15M 9/55

nergl director,

ely filled in by the ten Pages 1 and 2 should

death. Page 4

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of

. OG . Homes Will Country Collis man 5.0 . HEAJ4 2811 TEARA, ALE, S.E. LOUISE . MATTARE JULE 2. 59 CEREBRAL THEMPOSIS 24105 1 1000 HYPERTENSIVE HEART DISTAN AND DIARETES MELLITUS 515465 26 59 ANK 29 59 JUE 26 59 Jumes & Brewer 24.16.11 STIAKE SE MANIST C. C. Too and the contract of

HEALTH DEPT.

M

00

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06965

Cirilian S. Kraus

0	0	MEDICAL	EV A SAINEDIC	CEDTIEICATE	OF	DEATH
X	6	MEDICAL	EXAMINER'S	CEKHILICATE	UL	DEAIL

0900 MEDICAL EXAM	MINER 3	CERTIFICATE OF I	Reg. Di	st. No.
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased	lived. If institution: Reside	nce before odmissian)
o. COUNTY Montamery	MARYLAND	o. STATE mol	b. COUNTY MY	nte
b. CITY OR TOWN (If outside corporate limits, write RURAL) c. LENGTH OF	F STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and	give foorest town)
Besherda 3ª	yn	X Betherola		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	address)	, d. STREET ADDRESS		e. IS RESIDENCE
9416 Locust Hill Rd		9416 Louist	Hill Rd	YES NO 12
3. NAME OF First Mic	ddle	Lost 4. DATE OF	Month	Doy Yeor
(Type or print) Sichard George	ge	May of DEATH	June	2 1953
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER	ARRIED B. I	DATE OF BIRTY 9	AGE (In years IFUNDER)	
male white WIDOWED DIVE	ORCED 🗆	ing 13 /904	54 yrs. Manths	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during most of working life, even if retired)	SS OR INDUSTRY	11 BIRTHPLACE (State or fareign cou		ZEN OF WHAT COUNTRY?
Vire Pour assort limenen 14	B	Pa	.2	1.S.a.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Richard tree may		mary am 7	hona	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	TY NO. 17. INF	FORMANT /	Address	
no 7/3-07-4	180 86	leanor may (un	4) Ilu	- 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (o)	my or	elision		sudden
4 of 0.1 DUE TO				
Conditions, if any, which) (b)	V			
gove rise to immediate cause (a), stating the underlying DUE TO				
couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	
				PERFORMED?
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY	OCCUPPED (Fo	ter noture of injury in Port 1 or Port 11 of	Ulan 10)	Treat no at
PRIMARY DO CONTRIBUTING D	OCCURRED. (EIII	ter notice of injury in Fort I or Fort II of	item id.)	
	200 200			
5 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURE While Not while	fastas.	E OF INJURY (Home, form, 20f, (City a y, street, office bldg., etc.)	er town) (Cou	nty) (Stote)
p. m. 19 of work of work				
21. I certify that I took charge of the remains desc	cribed obov	e, held on Autopsy . Ins	pection 📈 Inquir	y 🔀, ond in my
opinion death resulted from: Natural couses X.	Accident [. Suicide , Homicide	, Undetermined m	nonner 🔲
1 1				
SIGNATURE Trank 9. Breze has	+	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
1.		ASSISTANT MEDICAL EXAMINER		
EXAMINER'S FLANK T. Bros	schar	L DEPUTY MEDICAL EXAMINER	June 2	- 1959
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF REMOVAL (Specify)	CEMETERY OR C	REMATORY 22d. LOCATIO	ON (City) town, ar county)	(State)
Burial-Trans 5/6/59 Tion	a Poin	t Cemetery At	hens. Penns	vlvania
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	,		AR 246. REGISTRAR'S SIG	

DATE

JUIN 8

Robert A. Pumphrey Bethesda, Maryland

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate word "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to the lief Medical Examiner's Office along with form PM3. Page 5. be retained for your files.

TO FUNERAL DIRECTOR: Page 5 should be used as a burial-transit permit. File pages 1 and 2 and the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

0

1985 MEDICAL EXAMINER'S CERTIFICATE OF BLATH District IDANGE INSTRUM bert - French Ste/59 | Laters oint Concheny and and Stemmalvania book die 2 2 de les sons Per bus (viole, Abiladir Ros vocation) de Trance de

ony

maya

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 069666987 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomery Maryland b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street address)
4817 DeRussey Parkway d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4817 DeRussey Parkway YES NO IX NAME OF Middle 4. DATE Manth Year Day DECEASED (Type ar print) DEATH U 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years (ast birthday) Male Now. 23, 1880 Haurs White DIVORCED | WIDOWED [10a. USUAL OCCUPATION (Give kind of wark dane during most af warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Govt Lawyer Kentucky US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address No None Leah McCarty-Item # 2 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which (u our gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E-

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Manth, Day. Year a. m p. m

20d. INJURY OCCURRED While Nat while

20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) factory, street, affice bldg., etc.)

(State) (County)

ACTUAL SIGNATURE

MEDICAL

at wark at wark

, 195 That I last saw the deceased

Cremation

21. I certify that I attended the deceased fram and that death accurred at H. Has M, from the causes and an the date stated above.

ADDRESS (Street, city or Jown, state)

DATE SIGNED

PHYSICIAN'S James M. Loftus

22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, ar caunty) Suitland. Maryland

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Cedar Hill

24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Robert A. Pumphrey-Bethesda, Maryland

6/16/59

DATE JUN 1 7 '59

Ciriling & Kraus

O FUNERAL DIRECTOR: A page 3 should be detach the registrar prior to buri 0 VS A15 (4) 1SM 9/SB

1972 CERTBORIES 427

Sering whole preside the second deed of Title and Wester Assembly 7:55 VEWELTO'S 37 0800, 580, 300 -None Lash Moderly-Irom & 2

Januar III. Billin

Createrion Sale of the Line Control of the Sale of the

VS A15 (4)

1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6988 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE Maryland b. COUNTY F

8 16967 Reg. Dist. No. 215

0	LACE OF DEATH . COUNTY Montgomer	· v		MARYLAND	2. USUAL RESIDENCE (a. STATE Maryland		ed lived. If institu b. COUNT	rv	idence befo		
		(If autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (orate limits, write	RURAL	and give ne	arest tawr	n) 🗸
1	Bethesda	A		24 Days	Cheltenh	am	/	6 x	-2		
	NAME OF HOSE	ITAL (If not in hospital, a	give street		d. STREET ADDRESS		-	-		e. IS RES	
	OR INSTITUTION	USN Hosp			U.S.Nava	1 Radio	Statio	n -]	Bks.l	B YES [NO S
3. N	NAME OF	Fir	st	Middle	Lost	4. DATE OF	M	anth	Do	y	Year
	Type ar print)	Hel	en	Frances	McCoy	DEATH	J	une	1'	7	1959
5. S	EX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In year		DER 1 YEAR	-	T
F	emale	Caucasian	WIDOW	ED DIVORCED	10-25-22		last birthday		hs Days	Haurs	Min.
10a.			dane 10b.	KIND OF BUSINESS OR IND			country)	12.	CITIZENO		OUNTRY?
	Housewif	е			New Je	- M			U.S.	Α.	
13. 1	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Franz Or	tolf			Helen Ma	cCadder	1				
	WAS DECEASEDEN	FR IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT		Ac	ddress			-
	No			(H	I) Jack D. Mc	Coy, sa	me as #	2 abo	ove		
7	PART I. De 754. Canditians, if gave rise ta cause (a), statin lying cause last	g the <u>under-</u> DUE TO	Co	Heart	Failure	Dise	orl		ON	ERVAL BE	DEATH
CERTIFICATION				CONTRIBUTING TO DEATH BU				SIVEN IN	PART I(a)	PERFO	RMED?
	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OCCURS	ED. (Enter nature of injury	in Part I ar Pai	rt II af item 18.)				
MEDICAL	20c. TIME OF INJU Havr a. m p. m	10	ar 20d. II While at wor	Nat while f	PLACE OF INJURY (Hame, fo octory, street, office bldg.,		y ar tawn)		(Caunty)		(State)
	alive an Ju	that I attended the une 17	deceas , 19	ed fram May 24 59 , and that deat	, 1959 , ta th accurred at 2:0 M.D. U.S. N	5PM, fram ADDRESS (S	the causes of	and an		e stated	
	PHYSICIAN'S NAME (Type)	Douglas R.			Bethesd						
72 a.	BURIAL, CREMATI REMOVAL (Specif BURIAL	6-21-5		Pernwood Men			TION (City, town		***	Jer a	
23 R	A Pum	2001/14/1	1 Ho	ADDRESS me, Bethesda,	2.23	SUN 2 2 '5			S. Kraz		

The state of the s			10.1	
6.03	10. 10. 30 70年			
				ec, vine.
	- American Carro	Tey-11-45	<u> </u>	No adverse
THE SECOND P. P.	1-1 = 4			
, pin-	The state of the state of	250 JULY 1	profession and profes	
	106 M. N. 187-18-18		paleadby.	2481191
				THE THE
	particular result.			Pruntall
- 17 - 17 - 19 S		,)		611
				WE GOD
		The Burn Contract		
	Committee United To Market	the same of the		
	S a doc	450 Tuels		
	B-12 12 12 12 12 12 12 12 12 12 12 12 12 1	sant is	74.00	1
	Peddenule Wavel . B . H			
	religion 24, there's.			
.01	Consideration of the last	4	7 - 18- ·	
		· Wheelers		
F-0.3 F-5-3	2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	, , , , , , , , , , , , , , , , , , , ,		

3 should

page

FUNERAL

0

VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6989

CERTIFICATE OF DEATH

06968

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomery Virginia b. COUNTY MARYLAND Princess Anne b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest tawn) 128 days Princess Anne Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center. Bethesda lu. Md. Route #1. Box 15 YES NO X 3. NAME OF First Middle 4. DATE Year DECEASED 159 McMillion DEATH (Type or print) Lawrence (none) June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS January 6, 1888 Months Doys DIVORCED | Male White WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) U.S.A. West Virginia Lumber Co. Night Watchman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John McMillion Liza Smithson 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No unknown) (If yes, give wor or dates of service) unknown The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) 7 DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, | 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur a. m. Nat while at work at wark p. m. 21. I certify that I attended the deceased from January 25, 1959, to June 2, 1959, that I last saw the deceased , and that deoth occurred of 2:16 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 6-2-59 The Clinical Center National Institutes of Health PHYSICIAN'S Norman R. Gevirtz, Bethesda lu. Maryland 220. BURIAL CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Olive Branch Portsmiuth, Va-23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR Lee Funeral Home Washington D.C. JUN 4 arthur & Kraus

. be a beninder tothe of the later of Sold to visually report the sold select the sold Sittlerity one committee and the second HERMON THE PERSON AND ADDRESS. management of the collection of the contraction of the contraction of the star and tank the star of the same the star of The late of the second THE TANK OF THE PARTY OF THE PA benigum II. mesenged to a many the second of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6990

CERTIFICATE OF DEATH

					R	eg. Dist. No.	***************************************
1. PLACE OF DEATH				2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Montgo	mery	MARYL	AND	STATE Mary	Land COUNTY	Montgom	ery
CITY (If outside corporate limit	ts, write RURAL	LENGTH O	FSTAY	CITY (If outside cor	porata limits, write RURAL e		
TOWN Rural	Mt. Airy	(in this p	Years	X TOWN Ru	iral Mt.	Airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Mar I file			STREET	(if rurel gi	ve location)	
	rst)	(Middle)		(Last)	4. DATE (Mor	nth) (Dey)	(Year)
(Type or Print) Mar	ian Gro	omes	M	leem	DEATH J	ine 6	19 59
5. SEX 6. COLOR OR	7. SINGLE, MAR	RIED,	8. DATE O	F BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
Female White	(Specify)	1dowed	Aug.	7 1864	94 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give ki		IND OF BUSINES	S	11. BIRTHPLACE (State or for	reign country)		EN OF WHAT
refired) Ret. Sch	ool Teach	er		Maryla	ind	U	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
Hanson Groomes			Henre		nell		
15. WAS DECEASED EVER IN U. S	ARMED FORCES?	16. SOCIAL SEC	URITY NO.	17. INFORMANT &	ADDRESS		nn. Ave
(Yas, most unk.) (If Yes, give w	or or deles of service)	No		ATLETUTE	Groomes	N.W.	D.C.
I DISEASES OR CONDITIONS DIR	(A) Un	terios	clert	is cardino	explande	sens 1	SET AND DEATH
STATING UNDERLYING CAUSE L	AST. DUE TO						
II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSH	D TO THE						
19a. DATE OF OPERATION	196. MAJOR FINDING	OF OPERATION	N			1	O. AUTOPSY?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH OF INJURY street			Ic. WHERE DID INJURY OCC	UR? (City or town)	(County)	(State)
21d, TIME OF INJURY (Month) (W		JRRED :	21f. HOW DID INJURY OCC	UR?		
22. I hereby certify tha	t I attended the dec	eased from	6/17	1956 to 6	15 , 1959	that I last say	w the decease
falive on 613	and an			M, from the			
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,		occoning di	ADI	DRESS (Street, city, tow		DATE SIGNE
Harrely 5	Servi		M.D.		cus	MD. 61	8159
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF		CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(Stata)
	June 9 5		Johns	Los sunson	Olney		Md.
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATUR			25 FUNERAL DIRECTOR'	0 11 -	ADDRESS	3.3.31
JUN 1 1 '59	arthur S. Hr	all		I I I I I I I	Darles La	LVTOnavi	1.0

CERTIFICATE OF DEATH . Comments attice ", a se a supe

The state of the s

VS A15 (4) 1SM 10/57 M

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6991	CERTIFICATE	OF	DEATH	

06970

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased	lived. If instituti b. COUNTY	on: Residence bel	ore admiss	sion)
-	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside comoro	te limits write P	LIRAL and give o	enrest town	0)
	RURAL ond give neorest lown)	5 mo	1.1-01	ngto	\ .	1177	2	,
	d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	7770		ナノハー	e. IS RES	
1	Prooke grove toundation	m	3727 3000	2/41	St. n.L	U.		FARM?
3.	NAME OF DECEASED (Type or print)	Jan &	meyer	4. DATE OF DEATH	June	14, 19	59	Yeor
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEA	-	
1	F WIDOWE	DIVORCED	may 12-1874		lost birthday)	Months Days	Hours	Min.
	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	Radnor.	Pen		12. CITIZEN	S.A.	COUNTRY
73.	Thomas mather		Hanna G	Ba	err 90	Raise	Ida	f
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT M. T. F. Mey ex	- 900 B	mans	I da h	st.	,
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	e for (o), (b), ond (c).]	ditto			IN ON	TERVAL BE	TWEEN
	Conditions, if ony, which (b)	1/3/100	Soleral	3:-		(19/	
	gove rise to immediate couse (a), stating the under-lying couse lost.	V				0	fece	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS PERFO	RMED?
CERTIFI	200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Pa	ort I or Port I	l of item 18.)			_~
MEDICAL	Hour o. m. While	Not while of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City o	r town)	(County)	(Stote)
	21. I certify that I attended the decease			-14-	1959	that I last s	aw the	decease
	22221	.7, and that death	occurred at 3 40 P		the causes of th			ed abave
	ACTUAL SIGNATURE 9/19/19	/	M.D. Danz	dy &	per	1	2/14	159
L	PHYSICIAN'S J.W. Bird			/				
220	- BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			ON (City, town, o		(Stote	e)
22	FUNERAL DIRECTOR'S SIGNATURE	Rock Creek			nington			
7	11 - 01/1/	101-14th StN.6	11 20	BY REGISTRA		STRAR'S SIGNATU Circling S. 9		

61 390 MILIAR STEIR NO THE WISHING STATE OF	
CHIAGATE OF DEATH TO THE CHIEF	
THE RESIDENCE OF THE PARTY OF T	

M

0%

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6992 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

06971

Reg. Dist. No.

1, PLACE OF DEATH					2. USUAL RE	SIDENCE (W	here decease	d lived. If instit	ution: Resid	ence befo	are admis	sion)
o. COUNTY MOI	ntgomery			MARYLAND	o. STATE	Mary		b. COUN		100	320	2.90
b. CITY OR TOWN (RURAL and give no	If outside corporate limi	ts, write	c. LENGTH O	F STAY IN 16	c. CITY O			orate limits, write	RURAL on	d give ne	arest tow	n)
Kensing						Chil	lum	16	X-2			
	TAL (If not in hospital, s	ive street	address)		4 -	ADDRESS					e. IS RES	SIDENCE
	on Garden	s Nu	rsing	Home	629	Sher	idan	St.				A FARM?
3. NAME OF	Fic			Middle		Last	4. DATE	N	onth	De	nv	Yeor
(Type or print)	S	usie		E.	Man		DEATH	June	10.		2	19
5. SEX	6. COLOR OR RACE				B. DATE OF BE	RTH		9. AGE (In year last birthdoy	rs IF UND	ER 1 YEAR		ER 24 HR
female	white	WIDOW		IVORCED [11/7/1	169		90 y		Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSI	NESS OR INDU	STRY 11. BIRTH	IPLACE (State	ar fareign c	/ -		ITIZEN C	OF WHAT	COUNT
Housewife	king life, even if refired)				rylan	_					
13. FATHER'S NAME					14. MOTHE	R'S MAIDEN	NAME					
Willia	am H. Sta	יונין				Sarah	J. I	Doxen				
15. WAS DECEASED EVE			SOCIAL SECUR	RITY NO. 17.	NFORMANT				ddress			
(Yes. no. or unknown)	(If yes, give wor or dates of s	ervice)	none (ah	Hosbi	telR	eçore		1	(.	-	L
	ATH [Enter only one gr	ura aar li			T 000 7	Van t	3	7	1/22	7	ERVAL BE	W
	TH WAS CAUSED BY:	Da	101 (O). (D). (oug (c).]	J. J.	h	1-1				SET AND	DEATH
11500	IMMEDIATE CAUSE (miller	102c	Love	2 10	The Vi	Jus !		-	4/2	~
4-20,0	DUE TO	2	7	17		1-	137	10	00)		0	
Conditions, if a	mmediate	12	Dav-	1117	1	100	2	MACY	70		MA	-
cause (a), stating		日元	A. 0	1 3	V. I	1 O	100	0/			140	
lying couse lost.	۶ (11	Willia	WD	V/V/1	1	170	10			0/11	
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION (SIVEN IN PA	ART 1(0)	19. WAS	AUTOPSY DRMED?
5											YES 🗌	NO
O (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW IN	JURY OCCURRE	D. (Enter nature	e of injury in	Port 1 or Par	t II of item 18.)				
20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Day, Ye	or 20d. I	NJURY OCCURE		ACE OF INJURY	(Home, forn	n, 20f, (City	or town)		(County)		(State
p. m.	19	of wor					1					
21. I certify th	nat I attended the	deceas	ed from Q	18/59	19	to\$	101	55, 19	that	l last se	aw the	deceas
alive on_()	5/55	. 19_	and	that death	occurred o	ot	M. from	n the causes				
								treet, city or low				ATE SIGN
ACTUAL	elve	So K	SAM		MD (owe.	inte	11		(1/6	115
			"Singit	EA.	1	and the second second	2					-+
PHYSICIAN'S NAME (Type)			SAM ALL	1. Mr							1	
220. BURIAL, CREMATIC			22c. NAME C	OF CEMETERY C	R CREMATORY		22d. LOCA	TION (City, town	. or county	1	(Stat	(e)
REMOVAL (Specify)	6/13/5	9	Eedar	· VA -	Cemet	erv		land.			(510)	-1
23. FUNERAL DIRECTOR		20							GISTRAR'S	SIGNATU	RE	
The S.H.	Hines Co		Ol 14t		N.W.	DATE	JUN T	2 '59	Circh			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORES

	THE REPORT OF THE PARTY OF THE		
		Denius se gang V pa	
			III FOR MANUAL TO THE PARTY OF
			1 - 11
0487133144	Though the second	VICE WALLEY STATE	
The state of the s	THE RESERVE OF THE PROPERTY OF THE PARTY OF	A CONTRACT OF THE PARTY OF THE	
		and the said of the said of	

VS A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	8

6992 CERTIFICATE OF DEATH

16972 leg. Dist. No. 215

	UUU							Keg. Dis	1. 140.	
1. PLACE OF DEATH a. COUNTY Montgomer	v		MARYLAND	11	usual residence (Wind a. STATE District of	here deceased	d lived. If instituti	an: Residen	ce befare	admissian)
	(If autside carporate lim	nits, write	c. LENGTH OF STAY IN 16	,	c. CITY OR TOWN (If	autside carpo	rate limits, write R	RURAL and g	give near	est tawn)
Bethesda	(Rural)		15 days		Washington		41	x-3		
d. NAME OF HOSE OR INSTITUTION U.S. Nava	PITAL (If not in hospital, 1 Hospital,	Bethe	esda Md.		d. STREET ADDRESS	Place	S.E.			IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print)	Sco	rst tt	Middle Alan	МП	Last CHEALS	4. DATE OF DEATH	Mar June		Doy 1.2	Year 2 19 59
5. SEX			D NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)		1 YEAR I	F UNDER 24 HR Hours Min.
Male	white	WIDOWED			December 1		yrs.	0	5	
during mast of wa	TION (Give kind af wark arking life, even if retired	4) _	ind of business or ind Ione	DUSTRY	Pennsylv		ountry)	12.CITI	U.S.	WHAT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				21-14
Warren B	. MICHEALS				Joan KA	PT.TN				
	VER IN U. S. ARMED FO	RCES? 16. SC	OCIAL SECURITY NO.	INFO	RMANT	a del dest	Add	ress		1 V
No	(If yes, give war or dates of	service)		(Fat	her) Warren	n R. M	ICHEALS	Same	as #	#2
TIR CAUSE OF D	EATH Enter anly ane c	gure per line	for (a) (b) and (c)]		,				INTER	VAL BETWEEN
	EATH WAS CAUSED BY:	(Pardiae a	2	est				ONSE	T AND DEATH
Canditions, if gave rise to cause (a), stating lying cause last PART II. O	immediate g the <u>under-</u> t.	c)	gentil Hea		Difaire -C			Regur	1 1(a) 19.	WAS AUTOPS' PERFORMED? YES TO NO [
(IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCUR	RED. (E	inter nature of injury in	Part I ar Par	t II af item 18.)			
ZOc. TIME OF INJU Haur a. m. p. m.	. 10	20d. INJ While at wark	Nat while	PLACE factory	OF INJURY (Hame, farr, street, affice bldg., etc	m, 20f. (City	ar tawn)	(0	Caunty)	(Stat
21. I certify of alive an 12 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Juneya	0/		M.D	. 19 59, to 12 curred of 3:45 U.S. Nava	ADDRESS (SI	ital, Be	nd on the state) thesds	dote	stated abav DATE SIGNE
22a. BURIAL, CREMATI	ion, 22b. DATE THERE		22c. NAME OF CEMETERY Mount Sha			22d. LOCA	TION (City, town,	ar county)		(State)
	R'S SICHUSTURE		ADDRESS sin Ave. Beth			D BY REGIST	RAR 24b. REGI	STRAR'S SIC	GNATURE	
97777	VXVV/					DN J O		Seni) A	I MCARAGE	

	aldonias in entwickly			ent to per county add
	respectant	3 to 1 to 1	()	ebro e
	3370 said ponts nave tige	. Oil alman	I domplant, he	Va 6.4
	ALL SUL	17-4	ave:a	
	7 December 1950 - 15		and the later to	
.0.0	Parmaylyandas	1,10%		Rone
			E.M. HODA	i norrani
Seres	(vertices) formed it endicates (making)			
	THE STATE OF THE S		و ابر	
• * • •	Co. J.B. Abres Hospitals, Bevauld	B Ph	from Charles	
	E , with , and let . I. I	THE CHARLE	Downs .1 press	and the same

.in chacters .w. sizocolly 1877 beignes .i.s.

THE PARTY CHARLES THE PARTY OF THE PARTY OF

FOR STATE

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shaeld be executed within 24 hours after death. If any delay is necessing please execute the certificate word "pending" in pending in them 18. Give Pages 1, 2, and 3 or the funeral direct Page 4 should be forwarded to the first Medical Examiner's Office along with form PM3. Page 5 to be retained for your files.

TO FUNERAL DIRECTOR: Page 5 "Gould be used as a burial-transit permit. File pages 1 and 2 to 11 the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6994 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07137 Reg. Dist. No.

	PLACE OF DEATH	2. USUAL RESIDENGE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY /4 DYTE D MARYLAND	o. STATE Va b. COUNTY Caluto
	b. CITY OR TOWN III outside corporate limits, write RUML c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give parest town)
	Na Brookmont 15 min	Gal. 700 83x31
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	Johnson River	2.708 N Buchans
	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Year
	(Type or print) Robert Burnham Ma	Peken DEATH In 27 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE IN yours IF UNDER 1YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	Q 1043 lottlib shidoy) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	RY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Student	TEXAS- 11.86
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-1	C. B Milleken	Evely mackedon
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1N	FORMANT Address DD-D
	Tesa	sein themat a completion record
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEET DINSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	
	929.8 DUE TO	andden
	Conditions, if any, which) (b) Thoward	
	gave rise to immediate couse (a), stating the underlying DUE TO	
	cause last, (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH.	YES NO
	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING TO	nter nature of injury in Part I or Port II of item 18.)
	The control of the co	sevenyon Gat R
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC While Not while of work of work of work of work	E OF INJURY (Home arm, 20f. (City or town) (County) (State) ry, street, affice bldg., etc.)
		at Re Un Browfound mute med
	21. I certify that I took charge of the remains described above	ve, held on Autopsy . Inspection . Inquiry . and in my
	opinian death resulted fram: Natural causes . Accident [2]	Suicide , Hamicide , Undetermined manner
	1	
	SIGNATURE Think (). 1 Investigat	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S E AT DE	ASSISTANT MEDICAL EXAMINER
	NAME (Type) PAANA J. Bruscha.	+ DEPUTY MEDICAL EXAMINER DE 4 ~ 27-59
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
	Bureaf 6-30-54 Culturglow	national Celengton. Va.
	23. FUNERAL DIRECTOR'S SIGNATURE (Jeans) ADDRESS!	24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Quan France 2847 Wiley Best	Cept Coard UL 2 '59 ariling & Khana

AT THOMIT ARE DESCRIPTION OF THE PRACTIMORY, 18 TO DESCRIPTION OF THE PARTY OF STATE AND ASSESSMENT OF A SECOND STATE OF A SECO

4 9	0	Ę.	1
604	5	0/	-
-	P	File	Sec.
eot	2	8	
P	2	3	1
afte	美	Sho	J
270	þ	9	-
ho	2	0	
1 24	ii e	es	
Ť.	ly f	60	
3	9		
ote	2	4	•
xec.	00 E	D T	3
0	6	0	/
e 0,	- No	Ö	5
Fica	ysic	ove	1
erti	-ph	E L	2
th o	Jing	Se	-
deo	ten	pled	Ē
he	0	en	5
-	4	4	20
s in	9	in.	'n
er.	gne	per	
req	. 2	Sit	
N. S	pee	rou	,
he	0	0	200
F 5	. e	DO.	-
AN	Fico	the	5
Sic	e i	00	5
HY		ë	Ē
0 :		į.	5
NO S	Aft	hed	Ď
TEN TEN	8	oc.	3
¥.	ij.	op a	2
o :	er.	å,	5
AL	-	only only	5
PIT	ERA	3 sh	
105	S	ge	D
0	0	9	the registral prior to burial, cremation, or remayor, and in any event within 7.4 hour one decim-
₩ Ve	AIR	(4)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	W 9/	SS	

DOOK CERTIFICA	AIE OF DEATH	Reg. Dist. No.
o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If b. C	f institution: Residence before admission) COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takning Park 3 days	c. CITY OR TOWN (If outside corporate limits	, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Weshington Superior	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Than how	Lost 4. DATE OF DEATH	Month Day Year Lune 3 - 19 54
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (I lost-bit)	
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME Hiram Timiller	14. MOTHER'S MAIDEN NAME	eighn.
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	informant Infant's chart	Address
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	irita	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate (b)	d	
couse (a), stoting the under- lying couse lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port It of item	, 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	LACE OF INJURY (Hame, form, 20f. (City or town) actory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from 6 - 3		19.59, that I last saw the deceased
ACTUAL SIGNATURE XV226 B. Clerold	n occurred at SEP M, from the co	
PHYSICIAN'S PUSSELL B. Arnald M.	D. Silver Syrin.	, md
PROBURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY CORNEL OF CHARLEST CONTROL OF CONTROL	OR CREMITORY 224 OCATION ICITY	town, or equity) (Stole)
S. FUSIERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 254 Cary	240. REC'D BY REGISTRAR 24 DATE JUN 9 159	Chihan S. Kraya
2075275×VO	8.6.	

to the second second	HTASO TO BY	CRETHICA	
	N 60 A 10033		
			letter midst
	A Part of the Control	to among to him and	
		anibit - V	The second second second

Page 4

TO HOSPITAL OF

VS A1S (4) 1SM 9/58

after death.

and in any event within 724

remaval,

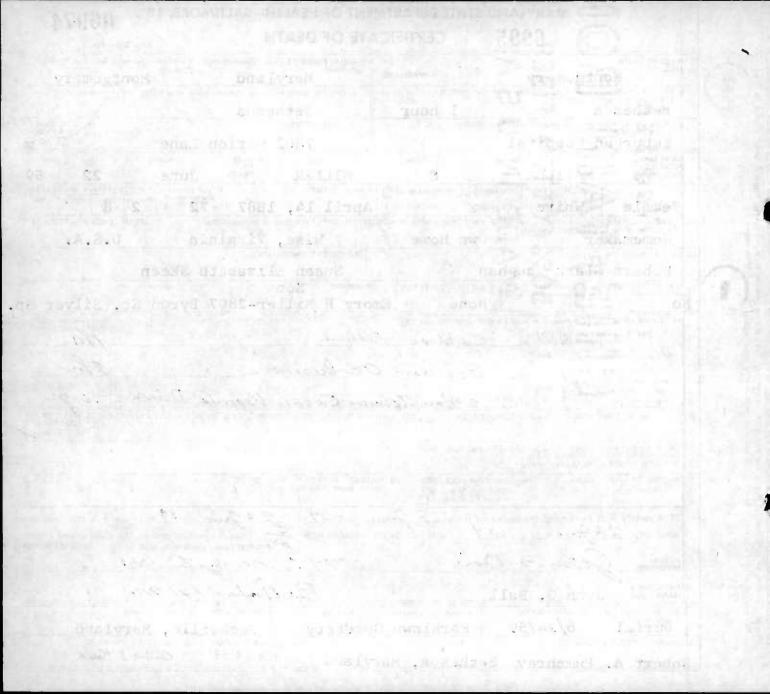
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6995

06974

0			Reg. Dist. No.
	2. USUAL RESIDENCE (WI		
MARYLAND		land b. COUNT	Montgomery
write c. LENGTH OF STAY IN 1b			
e street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
Middle	Last	4. DATE Mo	onth Day Yeor
	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
VIDOWED DIVORCED	April 14.		
ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
ghan	Susan El	lizabeth Ske	een
ice)	BOIL		dress
Hyper tem	wie Cardin		IVEN IN PART 1(0) 19. WAS AUTOPS
0b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part 1 or Port 11 of item 18.)	PERFORMED? YES NO
			(County) (State
deceased from 13 June, 1959, and that death	occurred at 6 32		. Rd.
		22d. LOCATION (City, town, Rockville.	
		CHICKVIII	
	MARYLAND write c. LENGTH OF STAY IN 1b 1 hour street address) Middle E Middle Middle E Middle E Middle Middle E Middle Middle E Middle Midd	MARYLAND Write c. LENGTH OF STAY IN 1b 1 hour Bethe street address) Middle E MILLER MILLER MILLER MILLER MILLER MARRIED NEVER MARRIED B. DATE OF BIRTH April 14, Me 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State Own Home Wise, 14. MOTHER'S MAIDEN INFORMANT Son Emory H Mill Conduct Fallow TIONS CONTINBUTING TO DEATH BUT NOT RELATED TO THE TERM Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in foctory, street, office bidg., etc. 19.79., and that death occurred at 6.32. M.D. 79.36.	Write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write b. Thour b. COUNT Maryland c. CITY OR TOWN (If outside carporate limits, write carporate limits, write b. COUNT Maryland c. CITY OR TOWN (If outside carporate limits, write b. Count Markets)



ely filled in by the funeral director Pages 1 and 2 shauld be filed with within 24 hours of PHYSICIAN: The law requires that the deoth certificate be executed may be retained. The hasp for attending physician. **5 FUNERAL DIRECTOR:** After a certificate has been signed by the attending physicion and corpoge 3 should be detached for use as the burial-transit permit. Then please remove corban paper the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours ofter death. TO FUNERAL DIRECTOR: After page 3 should be detached for TENDING

TO HOSPITAL OF

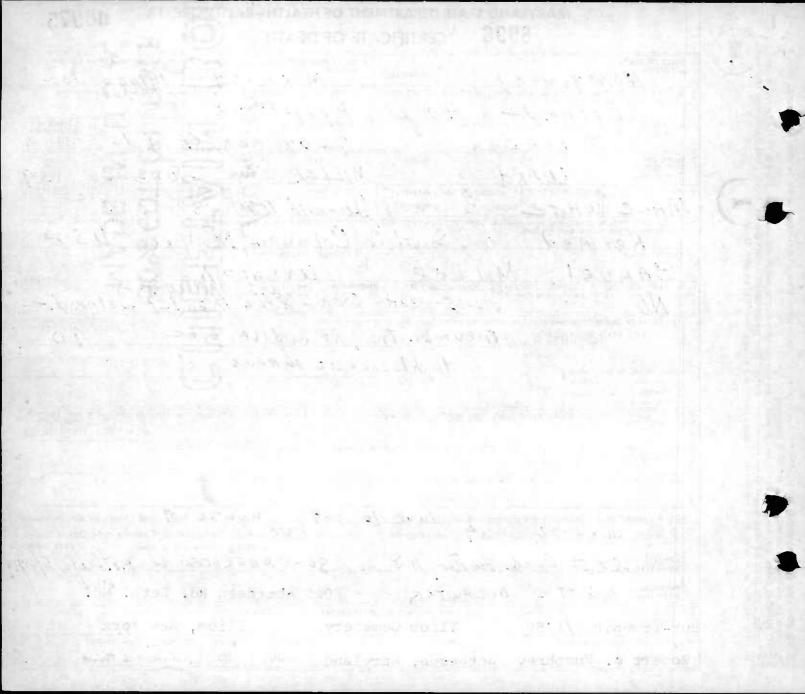
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6996

CERTIFICATE OF DEATH

06975

	Reg. Dist. No.
PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY/
MONTGOMERY MARYLANI	MARULAND PRINCE Geo-
b. CITY OR TOWN (If outside corporate limits, √rite RURAL and give pearest tawn) c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
BethesdA 4 days	HUAHSUILLE 1615-2
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
SUBURBAN	7209 FOREST Rd- YES NO D
NAME OF DECEASED (Type or print) WARd	MILLER 4. DATE Month Day Year OF DEATH JUNE 26 1959
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost bushday) Months Days Hours Min
MALE WHITE WIDOWED DIVORCED	June 18. 1877 Barry Months Doys Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired S.C. Smith	Co. COLUMBIA, NEWYORK 4.54
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME /
SAMUEL MILLER	UNKNOWN
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [If yes, give wor or dates of service] 074-05-9382 A	SON-8804 mead'St. BethesdA.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PARUMONIT	115 Rt-Middle Labe ONSET AND DEATH
492 X DUE TO ///	4 806
	coccus Aureus
gove rise to immediate cause (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUPY OR CONTRIBUTING 200. CAUSE OF DEATH BUTTER, NOTIFY MEDICAL EXAMINER	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not while of wark of work	PLACE OF INJURY (Home, form, factary, street, affice bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from June	16, 1959, to JUNE 26, 1959, that I last saw the deceased
alive an JUNG 26, 1959, and that dec	oth accurred at 1:35 P.M. from the causes and an the date stated above
2 2 2 2	ADDRESS (Street, city ar town, stote) DATE SIGNED
SIGNATURE SUNITY E. Se Facilis mo	M.D. 8025 ABERDEEM Rd Betheela 6/20
PHYSICIAN'S NAME (Type) DEWITT E. DELAWTER	8025 Aberdeen Rd. Beth. Md.
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, ar caunty) (State)
ur-Transit 7/1/59 Iliom Ce	emetery Iliom, New York
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Ma	arvland DATE JUL 2 '59 Chilms & Kings



led

funeral

filled in by the fun ges 1 and 2 shauld

Pages 1

notified

Examiner

County Medical

Montgomery

eath. Page

within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6997

CERTIFICATE OF DEATH

06976

	,	U	J	6	
		0	7 .		

		0		CERTIFIC	AIE	OF DEAT	П		Reg. D	ist. No	.215	
1.	PLACE OF DEATH o. COUNTY Montgome:	cy.	JE	MARYLAND	0.	ual residence (V	Where deceose	d lived. If instituti b. COUNTY MONU	on: Reside	nce befo	ore admiss	ion)
	RURAL and give ne	/	ts, write	E. LENGTH OF STAY IN 16	1			orote limits, write R			arest town	1)
_	Bethesda	(Rural) [AL (If not in hospital, g	in street as	DOA	1	hevy Cha	se				e. IS RES	IDENICE
	OR INSTITUTION	ral Hospita		idiess)		811 Wood	bine St				ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Isabe		Middle Westfall		Morse	4. DATE OF DEATH	Mon Jup		1'	,	Year 1959
5	SEX			D NEVER MARRIED	R DAT	E OF BIRTH	- DEATH	9. AGE (In years			IF UNDE	
_	'emale	Caucasian	WIDOWED			5-1-73		last birthdoy) 66 yrs.	Months	Days	Hours	Min.
100	during most of work Housewife	ON (Give kind of work king life, even if retired	done 10b. KI	ND OF BUSINESS OR IND	USTRY 1	I. BIRTHPLACE (Sto		country)	12.CI	USA	F WHAT C	OUNTRY?
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN				OLA.		
	William Ne	ewton Westf	all			ucinda T						
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO.	INFORM		2 2230 210	Add	ress	_		
{Ye	NO NO	(If yes, give war or dates of s	ervice)	one (I) M	s. W.M.S	illipha	ant, same	as 7	#2 a	bove	
	18. CAUSE OF DEA	ATH [Enter only one co	use per line	for (o), (b), ond (c).]						INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Di	section of	Anes	Lic Anci	RVSN	1			O M	9 .
	11.51X	DUE TO		OCOTTON OF	٠١٨	7.,,,					7,,,	
	Conditions, if o	au subjak V	10	teriò selenosis	<							
	gove rise to i	mmediote Dur To		0,010 30, 0,00012								
	lying couse lost.	the under-										
Z		FR SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BU	IT NOT R	FLATED TO THE TER	MINAL DISEA	SE CONDITION GIV	/FN IN PA	RT 1(a)	19. WAS	AUTOPSY
CATIO											PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURE	ED. (Ente	er noture of injury i	in Port 1 or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	While	Not while f	octory, s	INJURY (Home, foreet, office bldg.,	etc.) 20f. (Cit	ty or town)		(County)		(Stote)
\$	p. m.		of work		_							
	21. I certify th	at I attended the	deceased			19, ta		, 19				
	alive an		, 19	, and that deat	h accu	rred at 0:4	24M, fram	the causes an	d an th	ne date	stated	l above.
	ACTUAL	16	M				ADDRESS (Street, city or town,	stote)			E SIGNED
	ACTUAL SIGNATURE	SA!	110	mx.	_M.D	U. S. N	aval H	ospital			6	18-59
	PHYSICIAN'S NAME (Type)	R. G. MUTH,	LT,	MC, USN		Bethesd	a 14, 1	Maryland				
22		N, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREA	AATORY	22d. LOC/	ATION (City, town,	or county		(Stot	e)
	Burial (Specify)	6-20-59)	Parklawn (Ceme	tery	Roc	kville		M	d.	
23	FUNERAD DIRECTOR	A BURLEY		ADDRESS	434		C'D BY REGIS					
1	V. A. Pump	hrey Finera	al Hom	e, Bethesda,	Md.	DATE &	JUN 2 2'	59 a	chung 2	. The	44	

page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death. **EMYSICIAN:** The law requires that the death certificate be execute certificate has been signed by the attending physician and car or attending physician. TO FUNERAL DIRECTOR: Afte TO HOSPITAL OF

VS A1S (4) 15M 9/5B



151
1
4
-
- 8

				4667		
THE SECOND		21725				
		100			(1,00)	C-2-00
		sname (vail)	AC.)t	£,
	£ 4.	nkoboow ifte.		_° `	Trust.	
17 29	NI V	•	Malvana	La le le u.		
				0.0020	2	J. 40 H.
		e ding				
	ide a.	. es chaleja		Liour soll	undaen s	
gvada ov 10	son chartes	Marie es (.)			
No. o.		grade are	12.00			
		neters - Marie		A.		
op Jana a	imbgeof i	. 0. S. Maya	1	0.626	.24	
	managed to	I' ripadol et.	E, usu,	, ,	ñ. ŝ.	
.46 .46 	Access March		C av Cat A			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6998 CERTIFICATE OF DEATH

Reg.	Dist.	No

1. PLACE OF DEATH o. COUNTY	Hamery	MARYLAND	2. USUAL RESIDENCE (V		b. COUNTY	te before admission)
b. CITY OR TOWN (If outside RURAL and give nearest lov	corporate limits, write C. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RURAL and g	ive nearest town) 4
OR INSTITUTION	of in hospital, give street oddres	35)	d. STREET ADDRESS	0-78	ce Mill to	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ree th	Middle	Moss	4. DATE OF DEATH	Tone	10 19 5
5. SEX 6. COL	OR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	1) / / /			1 YEAR IF UNDER 24 HRS. Days Hours Min.
Usual Occupation (Give during most of working life,	kind of work done 10b. KIND even if retired)	2000	USTRY 11. BIRTHPLACE (Stor	e or foreign country	12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME	Los Ken	29	14. MOTHER'S MAIDEN	NAME/	h stor	WH5,
15. WAS DECEASED EVER IN U. S (Yes. no or unknown) (If yes, give	S. ARMED FORCES? 16. SOCIA	cone 7	INFORMANT Lee more	Jugaris	210 July	10/ bourne
PART I. DEATH WAS	DUE TO Ch	(o). (b). and (c).]	hnoid a ebal arter	Comer.	hage mysm	INTERVAL BETWEEN ONSET AND DEATH
Bresse	RLYING T 206. DESCRIBE	ii we em	T NOT RELATED TO THE TERM			1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Mont Hour o. m. p. m.	SE OF DEATH L EXAMINER) th, Day, Year 20d. INJURY While	OCCURRED 20e. P	LACE OF INJURY (Home, for octory, street, office bldg., e	rm, 20f. (City or to		ounty) (Stote)
	ttended the deceased fr	1)4	n accurred at 7	AT	causes and an th	ast saw the deceased the date stated above DATE SIGNED
CHOIPE/AIR TICK C	5-23-59 (NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNA DEAL FO	INERAL K	tome 481a	2 Ga Ave DATE	C'D BY REGISTRAR	24b. REGISTRAR'S SIG	

ly filled in by the foreral director, pages I and 2 should be filed with ath: Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained the hospital or attending physician.

• FUNERAL DIRECTOR: After certificate has been signed by the attending physician and compage 3 should be detached for at as the burial-transit permit. Then please remove particle the registrar priar to burial, crematian, ar remayal, and in any event within 72 hauf ofter death. he hospital TO HOSPITAL OR AT may be retained TO FUNERAL DIRECT

VS A15 (4) 1SM 10/57

ST BROWING	AS A PULL AND LINE	TEMATRATEO IN	ATT CHAIYS		
ATT AND BY	DETAILS OF	CERTIFICANE	and the second		
		Semporal development			
		10			

			*		
the contract of the state of the contract of t					
				MAN A	
					Ama al
TOTAL STATE OF THE					T. III

VS A15 (4) 15M 10/57

		_	0		
	4	Z	-		
	1	1	-)	,
6	F	_	-		

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6999

CERTIFICATE OF DEATH

							Keg. Dist	i. No.		
1. PLACE OF DEATH O. COUNTY MONTGOM	1ER Y	MARYLAND		JSUAL RESIDENCE (Who STATE ARYLAND	ere decease	d lived. If institution b. COUNTY	n: Residence	e befor	e admissie	on)
b. CITY OR TOWN (I RURAL and give no OLNEY	If autside corporate limits, write earest tawn)	c. LENGTH OF STAY IN 16 6 DAYS		C. CITY OR TOWN (IF OU	itside carpa	rate limits, write RI	URAL ond gi	ive nea	rest town)	
d. NAME OF HOSPIT OR INSTITUTION MONTGOMERY	COUNTY GENERAL			d. STREET ADDRESS				1	ON A	FARM?
3. NAME OF DECEASED (Type or print)	First MARY	Middle GRACE		Lost	4. DATE OF DEATH	Mon		Doy		eor 9 59
5. SEX Female	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED	8. DA	12/88		9. AGE (In years lost birthday) 71 yrs.	Months I	Doys	Hours	
10a. USUAL OCCUPATIO during most of work HOUSEW	ON (Give kind of work done lot king life, even if retired)	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Store of		ountry)	12. CITI	USA		COUNTRY
13. FATHER'S NAME			14	MOTHER'S MAIDEN N	AME		Pall F	11		
	1 MUSGROVE R IN U. S. ARMED FORCES? 114	COCIAL CECURITY NO. 127	10/500	CATHERINE	CROO					
Yes, no, or unknown)	(It yes, give war or dates of service)	york	Ho	SPITAL RECO	RDS	Addr O L 1		ARY	LAND	
	ATH (Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Uremia						ONSI 5	RVAL BET	WEEN DEATH
Conditions, if o gove rise to is couse (a), stoting lying cause last.	mmediate (DUE TO	Nephroscl	erc	sis				6	mont	hs
3 Arteri	HER SIGNIFICANT CONDITIONS		у s	clerosis	100		EN IN PART	1(0) 19	PERFOR	MED?
	While		PLACE C	DF INJURY (Home, form, street, office bldg., etc.)	20f. (City			ounty)		(State)
21. I certify the alive an	June 1 , 19		th acc	urred at 1:17		1 , 19 59 in the causes a treet, city or town,	nd an th	ast sa e dat	e state	deceased d abave TE SIGNE
PHYSICIAN'S NAME (Type) C	S. WHITAKER	M. D.	O9 C95			MARYLAND			6-	-1-59
PHOVAL (Specify)	6-4-59	mt Vie	W		all	MA, TH	nach	of the	(State)	nd
23. FUNERAL DIRECTOR	- Huight 6	ADDRESS /	, 7	DATE DATE			Inthun &		_	

THE PROPERTY OF THE PROPERTY O	1	TEL SECULIARE DESCRIPTION IN		
The state of the s		HTARO TO THE	ADMINIST DERTINCA	
The Control of the Co				
The state of the s				
AND				
		THE STATE OF THE S		
TOTAL COLOURS TARREST TARREST TOTAL COLOURS TARREST TARR				
		amount to be taken 40 or		
	San Series			
	*			
	sali on 8	FLOC	/ JI C M B	
		CZEC		
			7 11	
	- max - 600m	The state of the s	THE RESERVE OF THE PARTY OF THE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7000

CERTIFICATE OF DEATH

06980

									Reg. [Dist. No		
1. PLACE OF DEATH a. COUNTY Montgome:			MARYLAND	2.	USUAL RESIDENCE (o. STATE Florida	Where de	ceosed liv	ed. If instituti b. COUNTY	on: Reside	ence befo	re admis	sion)
b. CITY OR TOWN (RURAL and give n	If autside corporate limit	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN	If outside	corporate	limits, write R	URAL and	give ne	prest low	n)
Bethesda			58 days		West Hol	lywo	od	4	8 X	-3		
d. NAME OF HOSPI OR INSTITUTION The Clin:	ical Center	-			d. STREET ADDRESS		st 62	2nd Ave	nue		ON	SIDENCE A FARM?
3. NAME OF DECEASED	Firs	1	Middle		Last	4. D	ATE	Mon	th	Da	v	Yeor
(Type or print)	Jose	eph	Lavell		Nelson	0	F EATH	Jun	e	9		1959
5. SEX			HEDE NEVER MARRIED	B. D	ATE OF BIRTH		9.	AGE (In years	IF UNDE		IF UND	ER 24 HRS
Male		WIDOWE			March 14.	193	4	ost birthdoy)	Months	Days	Hours	Min.
during most of wor Shipping	ON (Give kind of work d king life, even if retired) Clerk	one 10b.	KIND OF BUSINESS OR INC	DUSTRY		abam		(אי	12. C		S.	T COUNTI
13. FATHER'S NAME			Jazz J	14	I. MOTHER'S MAIDER		<u> </u>			0.	D • .	
Grady Ne	lson					a Gr	ahan					
15. WAS DECEASED EVE	R IN U. S. ARMED FORC	recet.	social security no. 17. 116-42-7905		MANTThe Me	dica	1 Rec			ı, Ma	aryl	and
	ATH [Enter only one country one country was CAUSED BY: IMMEDIATE CAUSE (o). DUE TO	se per lir	cardiac Arı	est								ETWEEN DEATH
Conditions, if of gave rise to it cause (a), stating lying cause last.	mmediate DUE TO		Congenital Post-Operat				Pulmo	nary V	Ly of			
PART II. OTI	AS UNDERLYING CAUSE OF DEATH		ONTRIBUTING TO DEATH B	TON TU	RELATED TO THE TER	RMINAL D	ISEASE CO	ONDITION GIV	EN IN PA	RT 1(a) 1	PERF	AUTOPSY DRMED?
V (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	MEDICAL EXAMINER) Y Month, Day, Year 19	20d. IN While at work	Not while	PLACE (OF INJURY (Home, fo street, affice bldg.,	orm, 20f	(City or	lown)		(County)		(Stole
21. I certify the alive an	June 9	decease , 19_	1 -		, 19 <u>59</u> , ta_	ADDRE	fram th	e causes a	nd an		le stat	ATE SIGN
PHYSICIAN'S NAME (Type)	Leon I. Go			_ M.D.	Natio Bethe	nal	Insti	Center Ltutes Marylan		eal t		/10/5
Buff TY ansi	t 6/11/59		22c. NAME OF CEMETERY	OR CR	EMATORY	Ja. Ja	sper	Alab			(Stot	e)
23. FUNERAL DIRECTOR Robert A.		-Be	thesda, Mar	ylar			EGISTRAR		TRAR'S SI			

DATE JUN 1 5 '59

Cirthun S. Kraus

ly filled in by the Ioneral director, Pages 1 and 2 should be filed with requires that the death certificate be executed within 24 hours aft death. the ottending physician and can TTENDING PHYSICIAM: The low may be retoined the hospi
TO FUNERAL DIRECTOR: After
page 3 should be detoched to
the registrar prior to buriol, c VS A15 (4) 15M 10/57

	MIANG SUP			
SEAL LANGUAGE				
		A PUBLISHED SECTION		
á s s				
C.				
		0.00 450 0.00 1.00		
	Tator . HERICUS			
STATE OF THE STATE				
	un Martenal Lenemen	nvirus of -top?		
	and the same of the same			
	etra ut 1490 juli Sun bene			
SVIII THE				
			Lied I nemal free	
	C CHARLES			
žmecsi A			COVIEW MEMBER	1276
THE PROPERTY OF LANDINGS			bert A. Pulopikrey-D	

VS A15 (4) 15M 10/57

	-		
6	000	1	
1	AM	1	
A	199	()	
	20 M Or		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

6885 **CERTIFICATE OF DEATH**

U	0	1	5	5

Montgomery		MARYL		o. STATE Maryland	nere decedies	b. COUNTY				
b. CITY OR TOWN (If outside corpora RURAL and give nearest town) Takoma Park.	te limits, write	c. LENGTH OF STAY II		c. CITY OR TOWN (IF					rest town	
d NAME OF HOSPITAL (If not in hos	oital, give street	address)		d. STREET ADDRESS					. IS RES	DENCE
OR INSTITUTION Washington Sanit	arium a	nd Hospital		410 Boni	fant Ro	ad			ON A	FARM?
3. NAME OF DECEASED (Type or print)	First	Middle		Newcomb	4. DATE OF DEATH	June		Day		ear 9 59
5. SEX 6. COLOR OR	RACE 7. MARE	RIED NEVER MARRIE	8. 0	DATE OF BIRTH		9. AGE (In years last birthdoy)			IF UNDE	
Female White	WIDOW	ED DIVORCED		June 27. 1	959	yrs.	Months	Days	18,	Min.
10a. USUAL OCCUPATION (Give kind of	work done 10b.	KIND OF BUSINESS OR	INDUSTRY			ountry)	12. CI	TIZEN OI	WHAT	COUNTRY?
during most of working life, even if	retired)	none		Marylan	h		A	meri	ca	
13. FATHER'S NAME		110116	1	14. MOTHER'S MAIDEN				11022	-	-
James	T char	ard Newco	noh	Margare	- Carri	Renfm				
15. WAS DECEASED EVER IN U. S. ARME				The state of the s	u dayi		dress			
[Yes, no, or unknown] [If yes, give wor or d		none		father		sam				
no Cause de Bearn (c			1	140101		500	0	LINITE	Dital De	
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE		ne for (o), (b), ond (c).	A	+ 1	01	0	1-1	ONS	RVAL BE	DEATH
IMMEDIATE CA	USE (a)	Merria	LLP	ily -d	1260	po gen	a co	1		
//6×	UE TO			01		//				
				1/ 1/		//				
Conditions, if any, which	(b) C	ause	Luc	priono	77					
gove rise to immediate	(b) C	ause	lun	know	77					
gove rise to immediate	UE TO	ause	lun	know	77					
gove rise to immediate cause (a), stating the under-lying cause last.	(c)	CONTRIBUTING TO DEA	TH BUT NO	DT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 15	PERFO	NUTOPSY RMED?
gove rise to immediate cause (a), storing the under lying couse last. Part II. OTHER SIGNIFICAN Part II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COR CONTRIBUTING CORDER CORD	(c)T CONDITIONS (CONTRIBUTING TO DEA					VEN IN PAR	RT 1(a) 15	PERFO	RMED?
gove rise to immediate cause (a), storing the under lying couse last. Part II. OTHER SIGNIFICAN Part II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COR CONTRIBUTING CORDER CORD	UE TO (c) T CONDITIONS (CONDITIONS (CRIBE HOW INJURY OC	CURRED. (I	Enter nature of injury in	Part I or Part	II of item 18.)		County)	PERFO	RMED?
gove rise to immediate cause (a), storing the under lying couse last. Part II. OTHER SIGNIFICAN Part II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COR CONTRIBUTING CORDER CORD	(c) (c) T CONDITIONS (CONDITIONS (CONDITIO	CRIBE HOW INJURY OC	CURRED. (I	Enter nature of injury in	Part I or Part	II of item 18.)			PERFO	NO 🔣
gove rise to immediate cause (o), storing the under lying couse last. PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM) 20c. TIME OF INJURY Month, Do	(c)	CRIBE HOW INJURY OC	CURRED. (I 20e. PLACE factory	Enter nature of injury in	m. 20f. (City	II of item 18.) or town)	(1	County)	PERFO YES	RMED? NO (State)
gove rise to immediate cause (a), storing the under lying couse last. PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM) 20c. TIME OF INJURY Month, Day Hour a.m. p. m.	(c)	CRIBE HOW INJURY OC NJURY OCCURRED Not while at work ed from	CURRED. (I	OF INJURY (Home, far, street, office bldg., et	m. 20f. (City	11 of item 18.) or town)		County)	PERFO YES	(State)
gove rise to immediate cause (a), stating the under: lying couse last.	(c)	CRIBE HOW INJURY OC NJURY OCCURRED Not while at work ed from	CURRED. (I	Enter nature of injury in OF INJURY (Home, far, y, street, office bldg., et	m. 20f. (City	11 of item 18.) or town)	,that I	County)	PERFO YES	(State) deceased
gove rise to immediate cause (a), storing the under lying couse last. PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DIFFERENCE OF D	(c)	CRIBE HOW INJURY OC NJURY OCCURRED Not while at work ed from	CURRED. (I	OF INJURY (Home, far, street, office bldg., et	m. 20f. (City	or town)	,that I	County)	PERFO YES	(State) deceased
gove rise to immediate cause (a), stating the under: lying couse last.	(c)	CRIBE HOW INJURY OC NJURY OCCURRED Not while at work ed from	CURRED. (I	OF INJURY (Home, far, y, street, office bldg., et	m. 20f. (City c.) -28-3 B.M. from ADDRESS (St	or town) The causes a reet city or town.	,that I and on t	County)	PERFO YES	(State) deceased
gove rise to immediate cause (a), storing the under lying couse last. PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DIFFERENCE OF D	(c) (c) (c) (T CONDITIONS (CONDITIONS (CON	CRIBE HOW INJURY OC NJURY OCCURRED Not while at work ed from	CURRED. (I	OF INJURY (Home, far, street, office bldg., et courred at Z. 45	m. 20f. (City c.) 2 - 28 - 3 2 M, from ADDRESS (St.)	or town) The causes reel city or town, Mary,	,that I and on the state)	County) last sa	w the e state	(State) deceased
gove rise to immediate cause (a), storing the under lying couse last. PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMI 20c. TIME OF INJURY Month, Down Mour a.m. p. m. 21. I certify that I attended alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE T	T CONDITIONS (C) T COND	CRIBE HOW INJURY OC NJURY OCCURRED Not while at work ed from	20e. PLACE factory 7- death ac	OF INJURY (Home, far, street, office bldg., et curred at Z'YS	m. 20f. (City c.) A.M., from ADDRESS (St. Corna Par) on San:	or town) The causes reel city or town, Mary,	,that I and on t state)	County) last sa	w the e state	(State) (State) deceased dispose the signed with the signed
gove rise to immediate cause (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DUTE. CAUSE OF DUTE	(c) T CONDITIONS (CONDITIONS (CRIBE HOW INJURY OC NJURY OCCURRED Not while at work at work at work 22c. NAME OF CEMEN	20e. PLACE factory death ac	OF INJURY (Home, far, street, office bldg., et	m. 20f. (City e. 28-5 A.M., from ADDRESS (St. on 2 Par on 2 Par 22d. LOCAL	or town) or town) or town) if, 19 or the causes reely city or town, which is mary in the causes of the cause of the ca	,that I and on t , state) Lum l and H or county)	County) last so he dat	w the e state	(State) (State) deceased above
gove rise to immediate cause (o), stoting the under lying couse last. PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI) 200. TIME OF INJURY Month, Doy Hour a.m. p. m. 21. I certify that I attended alive on ACTUAL SIGNATURE PHYSICIAN'S PHYSICIAN'S PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, REMOVAL (Specify)	T CONDITIONS (C) T COND	CRIBE HOW INJURY OC NJURY OCCURRED Not while at work at work at work 22c. NAME OF CEMEN	20e. PLACE factory death ac	OF INJURY (Home, for y, street, office bldg., et	m. 20f. (City e. 28-5 A.M., from ADDRESS (St. on 2 Par on 2 Par 22d. LOCAL	or town) or town) or town) or town) or the causes reet city or town, rk, Mary, itarium ION (City, town, tal, Take	,that I and on t , state) Lum l and H or county)	County) last so he dat	w the e state	(State) (State) deceased dispose the signed with the signed
gove rise to immediate cause (o), stoting the under lying couse last. PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI) 20c. TIME OF INJURY Month, Doy Hour a.m., p. m. 21. I certify that I attended alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 7-25	T CONDITIONS (C) T COND	CRIBE HOW INJURY OC NJURY OCCURRED Not while at work at work at work 22c. NAME OF CEMEN ADDRESS	COURRED. (I	OF INJURY (Home, for, street, office bldg., et, 19 57, to, 19 57, to, 19 57, to, 19 58, to,	Part I or Part m. 20f. (City c.) A.M., from ADDRESS (St Con 2 Pail 22d. LOCAT HOSpi D BY REGIST	or town) or town) or town) or town) or the causes reet city or town, rk, Mary, itarium ION (City, town, tal, Take	,that I and on t state) Learn I and H or county) DMA Pa	last so he dat	w the e state	(State) (State) deceased d above

adida	\$1 SHOWIFER	MARYLAND STATE DEFATIMENT OF HARVE	
		CREST CERTIFICATE OF DEATH	
	300	A STATE OF THE STA	
	ALC: NAME		
		THE SHOP IS NOT BE INCOMED OF THE PERSON OF	
		all and the color of the deposit of the color of the colo	
	0.00		
		The state of the s	
		AND REAL PROPERTY OF THE PARTY	
		glosoff fair, and a faire to protect the first of the fir	

ď

FOR STATE HEALTH DEPT.

th. If any delay is necroid to the funeral difference of the funeral difference of the funeral delay of the forms ofter death.

AMINER: This certificate should be executed within 24 hours ofter death, within the word "pending" in pencil in Item, 18. Give Pages 1, 2, and to thief Medical Examiner's Office along with form PM3. Page Page 5 should be used as a burial-Iransit permit. File pages 1 and 2, priar to burial, cremation, ar removal, and in any event within 24 ho

7001

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06981

Reg. Dist. No.

				Reg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lin	ved. If institution: Residence before admission)
a. COUNTY	Montemure	MARYLAND	o. STATE mel	b. COUNTY monts
b. CITY OR TOWN		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate	e limits, write RURAL and give nearest town)
and give regest to	Thela	6 400	X Be Therder	
d. NAME OF HOSE	PITAL OR INSTITUTION (If not	in hospital, give state address)	d. STREET ADDRESS	e. IS RESIDENCE
1041	1 Montra	a cur	10417 Montros	Le Cur apt 102 YES NO DA
3. NAME OF DECEASED	Pirst First	Middle	Lost 4. DATE	Manth Day Year
(Type or print)	arthur &	trans deven	ngs DEATH	June 15 1954
5. SEX	6. COLOR OR RACE 7.	MARRIED A NEVER MARRIED	DE OF BIRTH 9. A	of to debut and
male	white will	DOWED DIVORCED	Dest 25/921 3	7 yrs. Months Days Hours Min.
100. USUAL OCCUPA	TION (Give kind of work done	10b. KIND OF BUSINESS OR INDUS	RY M. BIRTHPLACE (State or fareign countr	12. CITIZEN OF WHAT COUNTRY?
Chemi	king life, even if retired)	AEC	Col	91.56
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	0
1000.	O Mesonia		Hart. 9 06	
15. WAS DECEASED	EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. I	NALLY Selling	Address
(Yes, no, or unknown)	(If yes, give war or dates of service	" - 9	solding Comis	2 Ilin 2
18. CAUSE OF D	EATH [Enter only one cause pe	er line for (a), (b), and (c). }		INTERVAL BETWEEN ONSET AND DEATH
PART I. DI	EATH WAS CAUSED BY:	mnocardial.	Enly estras Luber	lopurdial hours
1450	DUE TO	4	· D	
Conditions, if	1	DE CHALL	the on lane	There
gave rise to imm	mediate couse	in the state of	- 1- 2	piciti
(a), stating the	underlying DUE TO	aronary (Uterioselus	ais improve
Z PART II. C	THER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Z				PERFORMED? YES ₩ NO □
PART II. C	CAUSE WAS 20b. DE	ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of its	7
PRIMARY OF OF CAUSE OF DEAT	CONTRIBUTING []			TEST DEMENDE
	JURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or to	own) (County) (State)
Hour o.	m,	White Not white fact	ary, street, office bldg., etc.)	(John)
		of work of work	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
21. I certify	that I took charge of	the remains described abo	ove, held an Autopsy [X], Inspe	ection [], Inquiry [], and in my
opinion deal	th resulted fram: Nati	ural causes 🛣, Accident	, Suicide , Hamicide	, Undetermined manner
1	2 , 1 2			DATE SIGNED
SIGNATURE	Wend y' 1 x	nschart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	7.1.	1	ASSISTANT MEDICAL EXAMINER	0
EXAMINER'S NAME (Type)	FRANKJ.	Boschant	DEPUTY MEDICAL EXAMINER	June 13 1959
220. BURIAL, CREMA		22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION	(C(ty town, or county) (State)
Semoval (Spec	11 DUNE 181.4	9	Som	Francisco Cal
23 FUNERAL DIRECT		ADDRESS 61 7 4	S-WAA 240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
Corner ta	Odanie France	exal Home and 11	1 O P DATE HUN 1 8 '59	arthur S. Kraus

TO DEPUTY MED EXECUTE EX. execute the certifie, 4 shauld be forwarded TO FUNERAL DIRECTOR:

or its designated agent, prior to

BY INDMINAGHER MENTANTE OF THE STATE OF THE where I had the second and the second by a second by the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7002

CERTIFICATE OF DEATH

								Keg. Dist. No	D
1. PLACE OF DEATH o. COUNTY Montgome	erv	an :	MARY	LAND 2	o. STATE Virginia	here deceased live	b. COUNTY		are admission)
b. CITY OR TOWN RURAL and give	(If autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corporate	limits, write RU	RAL and give ne	earest town)
Bethesda	•		D. O. A.		Sterling		83x	. 3	
	ITAL (If not in hospital, a	ive street	oddress)		d. STREET ADDRESS				e. IS RESIDENCE
	nical Center	Be,	thesda 14,	Md.	Route 1				ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Fir Gene		Middle Elizab		lost Payne	4. DATE OF DEATH	Month		8. 1959
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	ED B. I	ATE OF BIRTH	9. /			R IF UNDER 24 HRS.
Female	Negro	WIDOW	ED DIVORCE		May 12, 19	926	33 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPAT during most of wo Domestic	ION (Give kind of work or king life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUSTR		ar foreign count	γ)		OF WHAT COUNTRY
13. FATHER'S NAME					4. MOTHER'S MAIDEN				
James Ha	wkins				Olivi	La Gantt			
1S. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO 579-148-78		the Clinical	lical Re			Maryland
Conditions, if gave rise to couse (a), stating lying couse last	immediate DUE TO	1	Peneren 1	Lear Lear	uhage a t	ate of	sil and sive	N IN PART VO	4 years
CATIO					THE TO THE TERM	IIIAE DIJEAJE CO	ADMON GIVE	THE PART TO	PERFORMED? YES NO
U (IF EITHER, NOTIF	AS UNDERLYING A G ACCUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (inter noture of injury in	Part I or Part II a	f item 18.)		
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Doy, Yeo	While	NJURY OCCURRED Not while	20e. PLACE fector	OF INJURY (Home, form, street, affice bldg., etc	20f. (City or I	own)	(County)	(State)
21. I certify t	hat I attended the	deceas			. 19 59, to JI	me 19	19.59	that I last s	saw the decease
alive onJ1	me 19	., 195	9, and that	death a	curred at 3:25	M, from th	e causes an	d on the do	ate stated above
V	/ 0-		01.	+		ADDRESS (Street,		ate)	DATE SIGNE
ACTUAL	Jowald by	7.1	radwin h	M.D		inical ((6/29/59
PHYSICIAN'S NAME (Type)	Howard M. Ra	adwin	M.D.			nal Inst			th
220. BURIAL, EXEMINATE REMOVAL (Specify	7/1/19	59	St Pau	L'me	thodist				(Stote)
23. FUNERAL DIRECTOR	R'S SIGNATURE A	and.	7 are S. E.	Wash	D C DATE JE	D BY REGISTRAR		RAR'S SIGNATU	IRE

The nature of death Therefore, The Medical ly filled in by the raneral director, Pages 1 and 2 shauld be filed with ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours off the registror prior to buriol, cremotion, or removal, and in any event within 72 hours offer deallanic. This patient had been followed in our outpatient had been followed in certificate has been signed by the attending physician and cames as the burial transit permit. Then please remave carban paper was not unexpected considering the primary di

may be retained TO FUNERAL DIRECT VS A15 (4) 15M 10/57

D FUNERAL DIRECCOR: After page 3 should be detached for

TOTAL OF CERTIFICATE OF CEATH THE PARTY OF PERSONS ASSESSED. and the second The second second is a second second

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CER

46983

TICICATE OF DEATH	
TIFICATE OF DEATH	Pag Dist No.

1. PLACE OF DEATH o. COUNTY				MARYL		2. USUAL RES				nstitutio	on: Reside	ence befor	re odmis	ion)
Montgome		** **	1	1000			; Virg						-	
RURAL ond give	N (If outside corporate lime e nearest town)	irs, write	c. LENGI	TH OF STAY II	ИТЬ			outside corpo	orote limits,	write R	URAL ond	give nea	rest tow	n)
Bethesda			36	days		Elk	riew		8	5	X	3		
d. NAME OF HOS	PITAL (If not in hospital,	give street	oddress)			d. STREET	ADDRESS						e. IS RES	FARM?
The Clin	ical Center	Bet	hesda	14, M	d.	Rout	e 3,	Box 2	27					NO 🗹
3. NAME OF DECEASED	Fi	rst		Middle		Lo	st	4. DATE		Mon	th	Day	у	Year
(Type or print)	Wil	Liam		Arthu	r	Phill	ips	OF DEATH		Ju	me.	26		19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NE	VER MARRIED	B.	DATE OF BIRT	Н		9. AGE (In	years		RIYEAR	4	R 24 HRS.
Male	White	WIDOW		DIVORCED		April	211. 7	922	lost birth	hday)	Months	Days	Hours	Min.
100. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF	BUSINESS OR	INDUSTR				country)	•	12. C	ITIZEN O	F WHAT	COUNTRY?
Truck Dr	rorking life, even if retired	3)	دامديل	cking		12019	Kont	ucky				TT	S.	Λ
13. FATHER'S NAME	7407		214	ORLING		14. MOTHER						0.	0.	21. •
	. Phillips					THE MICHIER								
	VER IN U. S. ARMED FOI	oceen la	COCIAL CO	CURITY NO.	117 1015	ODMANUT FINE		ie Sh						
(Yes, no, or unknown)	(If yes, give war or dates of			11		ORMANT T								
Yes	WW 11			0-5166	The	Clinic	al Ce	nter,	Bethe	esda	14,	Mar	ylan	d
	DEATH [Enter only one co	ouse per li	ne for (a),	(b), ond (c).]									RVAL BE	
PART I. [DEATH WAS CAUSED BY: IMMEDIATE CAUSE () C	SKON	seho,	ONE	UMO	vin						dA	V. C
14.45	X DUE TO												-	
Conditions, if	ony, which)	1 (IRE	min								1	ne	76 5
gave rise to					224	RiolA	2 411.000	26.00	= = 1=	DA S	ic	1	UIU	,,,,
lying couse lo		1	190	7701 7	TRIE	RIOIM	X NE	pri 100	2 6/6/		13	1	uon	1460
Z PART II.	OTHER SIGNIFICANT CON	IDITIONS (CONTRIBUT	ING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	INAL DISEAS	SE CONDITIO	ON GIV	EN IN PA			
PART II.													PERFC	RMED?
	WAS UNDERLYING	20b. DES	CRIBE HOV	V INJURY OC	CURRED.	(Enter nature	of injury in I	Port I or Por	rt II of item	18.1			152 65	ПОП
OR CONTRIBUTION (IF EITHER, NOT	NG CAUSE OF DEATH FY MEDICAL EXAMINER)									,				
3 20c. TIME OF IN.	URY Month, Doy, Ye	ar 20d. II	NJURY OCC	CURRED 2	20e. PLAC	E OF INJURY	(Home, form	20f. (Cit	v or town)			(County)		(Stote)
Hour o. r	n. 10	While		while_	focto	ry, street, offic	e bldg., etc	.)				(200111))		(3.010)
₹ p. r	n.	lot wor	k ot wo		03				0/					
21. I certify	that. I attended the			May	21	19.52								deceased
alive an	June 26	12	59	and that	death a	ccurred at	6:20	PM, from	m the cau	ses o	nd an	the dat	e state	ed abave.
	100	F).	2					ADDRESS (S	itreet, city or	town,	stote)			ATE SIGNED
ACTUAL	Doku Ge	Va	les.	16.	M.	D	he Cl	inica	1 Cent	er			6	/27/59
DUNGLERAND						1	lation	al In	stitut	es	of H	ealt	h	
PHYSICIANUS NAME (Type)	John A. Oa	tes.	Jr	M.D.		I	Bethes	da 14	, Mary	rlan	id			
220. BURIAL, CREMA BUTTAT	ION, 225. DATE THERE)F		ME OF CEME	emet	E Y YORY		E1kv	TEW V	7.V	acounty	(ana	wha!	·W.Va
23. FUNERAL DIRECTO	DR'S SIGNATURE		- ADD	RESS	A		240 REC'	D BY BEGIS	TRAR 24h	REGIS	TRAR'S S	GNATUR	E	
Robert	R'S SIGNATURE A Pumphr	ey 7	557	Wisc.	Ave	. Bet	DATE J	DM	'59		Lithur			
							DAIE J	IUL Z	33		- Moramil	A. 100	LAUM.	

Toback A Fulpacky 7577 Tags ave. Settledia 102 Tags gazagara

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nect by please execute the certificate ward "pending" in pending in them, 18. Give Pages 1, 2, ont 2 to the funeral display to a should be forwarded to think Medical Examiner's Office along with form PM3. Page be retained for your files. TO FUNERAL DIRECTOR: Page 5 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116984

Rea. Dist. No.

	1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY MONTGomery MARYLAND	o. STATE mel b. COUNTY mmb
7	b. CITY OR TOWN It outside apparate limits, write TURAL c. LENGTH OF STAY IN 16 and give negresi town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	Boyde 5 min	× 13 ye
	d. NAME OF HOPPITAL OR INSTITUTION (If not in hospital, give street address) Black Hill Rd.	d. STREET ADDRESS! Black Hill Rd On a FARM? YES NO [
	3. NAME OF DECEASED (Type or print) William Bryan Ph	Lost 4. DATE Month Doy Year OF DEATH 2 7 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH S. AGE III year IF UNDER 14 HRS. Months Days Hours Min.
	male whit WIDOWED DIVORCED	Dep 3-1943 V 1711.
1	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole of loreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. IN	Celberta atolt HORMANT Address
	(Yes, no. or unknown) (If yes, give was or dates of Bervice) from the	my about - Ilun 2
	18. CAUSE OF DEATH [Enfer only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Thoracie	hem on how
,	822X DUE TO	Lady,
	Conditions, if ony, which) (b) Crushed	Chest
	gave rise to immediate couse (a), storing the underlying DUE TO	
	couse lost. (c)	
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	8	YES NO X
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY B. or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	nter noture of injury in Port f ar Part If at item 18.)
		which up set
en e	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor of work of	CE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) bry, street, affice bldg., ac.)
)		wad Boyds monly mad
	21. I certify that I took charge of the remains described aba	ve, held an Autopsy [], Inspection [Inquiry 1, and in my
	opinion death resulted fram: Natural causes [], Accident	Suicide , Homicide , Undetermined manner
	SIGNATURE Trans J. Broschart	_M.D. CHIEF MEDICAL EXAMINER []
2	EXAMINER'S #7 # 1/1 T DI	ASSISTANT MEDICAL EXAMINER []
	NAME (Type) & A ANN J. / SPACKEN	DEPUTY MEDICAL EXAMINER E
	220. BURIAL, CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY OR	CREMATORY 27d LOCATION (City, town, or county) (State)
	Burial 6/29/59 unioner	neless beesting Va
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	245. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE CITILLY & Thank.
	William 12 Hellon Barners	DATE JUN 3 0 33

211				
		North Assessment		
	Comment of the Comment		The state of	
			and the	
			A 100 May - \$1,750.5	Phoe is of Alle Squarescript
			TO DE ME	
				A CONTRACTOR OF COMMENTS
				1000
		Tell and y	E HETTE S	
	All Spot of the section is	TO LOCAL DESIGNATION OF THE PARTY OF THE PAR		Roll of your de
		TO LOCAL DESIGNATION OF THE PARTY OF THE PAR		Roll of your de
				And the Miller As.
	Charger Poul			
	Charge and Appendix			
	Charger Poul			And the William III.
	Chemical Chemical Chemical Chemical Chemical Chemical Chemical Che			
	Commence of the second			

CERTIFICATE OF DEATH 7005 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed a. COUNTY a. STATE b. COUNTY MARYLAND Lo b. CITY OR TOWN (If outside corporate lithits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL and give hearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 09 OR INSTITUTION ON A FARM? YES NO TO NAME OF First Middle 4. DATE Month Day Year (Type or print) DEATH 19.5 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR 9. AGE (In years last birthday) Months Days Hours Min. DIVORCED | WIDOWED [USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oug Vienna carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Popper Sophia 9 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) CAUSE OF DEATH [Enter only one cause per line or (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY IHome, form. 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour a. n. foctory, street, office bldg., etc.) While Not while 19 of work of work p. m. 21. I certify that I attended the deceased from 1959, that I last sow the deceased alive on ond that death occurred M, from the couses and on the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL L DIR O PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE JUN 2 2 '59 arthur S. Frank

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CONTROL OF THE WORLD OF THE PROPERTY OF THE PR 100 VEVE 3 CANCEL OF THE POSITION AND ADDRESS OF THE PARTY OF THE PARTY.



VS A15 (4) 15M 9/58

,	-	1
(M)
*	193	1
Filed	D.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7006

CERTIFICATE OF DEATH

06986

		CERTITIO	AIL OI DEAII		R	eg. Dist. No.	
1. PLACE OF DEATH o. COUNTY MC	ontgomery	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary	pland	d. If institution: b. COUNTY	Residence before Montg	
RURAL and give n	(If outside corporate limits, write learest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate li		AL and give neare	st town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give stree	t address)	d. STREET ADDRESS		T E		IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	ROSEMARY	Middle ELIZABE!	TH PRICE	4. DATE OF DEATH	Month June	Day 20	Year 19 59
Female	6. COLOR OR RACE 7. MAR WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH June 4, 18	lo		UNDER 1 YEAR IF	UNDER 24 HRS. Hours Min.
Od. USUAL OCCUPATION during most of wor House	ON (Give kind of work done 10brking life, even if retired)	KIND OF BUSINESS OR INDU		or foreign country 1ck Cou		12. CITIZEN OF W	HAT COUNTRY?
3. FATHER'S NAME Joh	n H. Tabler		14. MOTHER'S MAIDEN N	ine Lea	ther		
	ER IN U. S. ARMED FORCES?		r. G. Carve	Price-	Address Same a	-	#2
Conditions, if of gove rise to it couse (o), stoting lying couse lost.	immediate DUE TO	•	//	TENSTVO	DF369		PERFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II of	Fitem 18.)	Y	ES NO
20c. TIME OF INJUI Hour o.m. p. m.	While	f-	ACE OF INJURY (Home, form ctory, street, office bldg., etc		own)	(County)	(Stote
21. I certify the alive an 20 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the deced 19 John M. S. Gordon M. S.	57, and that death	accurred at 11 27 A		causes and		
		22c. NAME OF CEMETERY C	or CREMATORY	22d. LOCATION	(City, town, or o	_	(Stote)
23. FUNERAL DIRECTOR		ADDRESS	24a. REC'	D BY REGISTRAR	24b. REGISTR	AR'S SIGNATURE	

Bassin					
riomon lumb	healyes		ycecoping		
	anweatons	e21.0	.mmotectay		
,00	and. Of HOLES	TULASTIN	WHEN SOME		
	Anne of Teach		ell'i efame'i		
met	venue Casteanas	SITO II	Telefories		
	montrel entions				
E Ltem 12	. G. Chryd Jrine-land as				

6886 CERTIFICATE OF DEATH

Reg. Dist. No.

06987

o. COU	of DEATH NTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	/ / +	COUNTY P	dence before admission)
b. CITY	OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside corporate lin		
	Koma Park	8 days.	Hyatts	suille	/	615 4
OR II	AE OF HOSPITAL (If not in hospital, give street INSTITUTION for Santari		d. STREET ADDRESS	Kwood Pl	ace Gara	wood . IS RESIDENCE ON A FARM? YES □ NO
3. NAME (DECEAS (Type or	SED IT L. I-P	Margaret	Priett	4. DATE OF DEATH	Month 6	Doy Yeor 15 1959
5. SEX	emale white widow	-	11-23-8	9. AG last	E (In years IF UND birthday) Month	S Days Hours Min.
100. USUA during	L OCCUPATION (Give kind of work done 10b. most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stot	e or foreign country)	12.	CITIZEN OF WHAT COUNTRY?
6	teme maker	All HOME	1).(~		u. s.a.
Ja.	mes H. Cook		14. MOTHER'S MAIDEN	DXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0-1-0-2-0-1-4-1	COOMES
1S. WAS D [Yes, no. or u	and the same of th	ONE O	cords -		Address	
18. C.	AUSE OF DEATH [Enter only one couse per li					INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	remia				ONSET AND DEATH
gove	ditions, if ony, which e rise to immediate (b) DUE TO Out TO Out TO Out TO	sertenane arter	is schote	Heart o	lucase	10 years
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN P	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO P
20a. A OR CO (IF EIT	ACCIDENT WAS UNDERLYING [] ONTRIBUTING [] CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury i	Port I or Port II of i	tem 18.)	
\simeq 1	IME OF INJURY Month, Doy, Year Hour o. m. 19 While of wo	Not while foct	CE OF INJURY (Home, for ory, street, office bldg., e		vn)	(County) (State)
		29 11.	, 1959, to accurred at 11:25 A.D. 6826 P.	10	causes and on	I last saw the deceased the date stated above. DATE SIGNED OF LAST.
	ICIAN'S H.WAYNE QL	RCKFIELD M	! D			
	AL, CREMATION, 22b. DATE THEREOF 6/18/59	22c. NAME OF CEMETERY OF Wash. Nat 1.			City, town, or county Geo. County	
23. FUNER	AL DIRECTOR'S SIGNATURE NER E. PUMPHREY, INC.	SILVER SPRING	G, MD. 240. RE	C'D BY REGISTRAR JUN 1 7 '59	24b. REGISTRAR'S arthur	SIGNATURE S. Kroud

Jeoth. Page 4 ely filled in by the vaneral director, Pages 1 and 2 shauld be filed with M ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of may be retained. The hospital or ottending physician.

TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and capage 3 shauld be detached for one as the burial-transit permit. Then please remave, after pape the registrar prior to burial, crematian, or remaval, and in ony event within 72 hours offer depth. TO HOSPITAL OR

MARYLAND STAYE DEPARTMENT OF MEALTH-DALTIMORE,

HIAS			100	
C 2810290	25 / 7 7 7 7 7			

of all information were written world related to though THE WEST TO ARE MEDITED IN American Company of the Company of t

The street of th

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO P

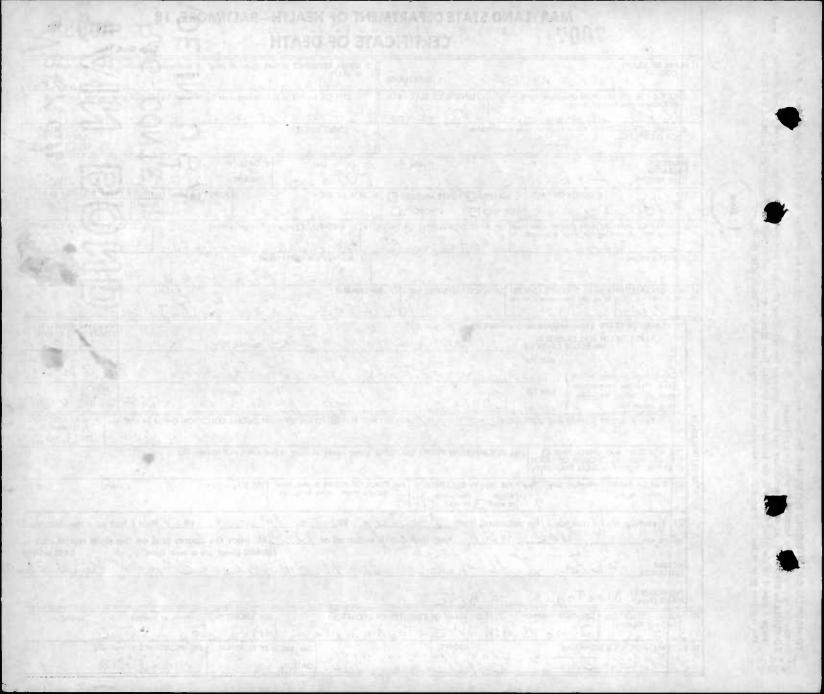
Yeor

195

lary Sawyer	- 92
a Daniels Potna	m
Edema.	INTERVAL BETWEEN ONSET AND DEATH
feart Failure	Zwks
Heart Disease	6 wKs
D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
re of injury in Port I or Port II of item 18.)	
RY (Home, form, 20f. (City or town) (Co	unty) (State)
7, to 13 June, 1957, that I la ot 12 3/4 M, from the causes and on the	date stated above
ADDRESS (Street, city or town, state) Sl	Jers Spring Hd /3 ken
	,
Ten Manteo, V	(Stole)
240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATEUN 1 6 159 Orthun S. H.	

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE



ly filled in by the seneral director, Pages 1 and 2 shauld be filed with

soth. Page 4

PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06989

47	V	J	O

arthur S. Kinus

	• • • • •		CERT	IFICA	TE OF	DEATH	1		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Montgome	erv		MAR	YLAND	o. STATE	loence (who	ere decease	d lived. If institu b. COUNT MOI			re admiss	ion)
RURAL ond give n		s, write	c. LENGTH OF STAY		. /		utside corpo	prote limits, write			arest town	1)
d. NAME OF HOSPIT OR INSTITUTION The Clir	i AL (If not in hospital, gi lical Cente:	ive street o	81 day:	14	d. STREET	ADDRESS Tray	nore S	Street	a ny		_	FARM?
3. NAME OF DECEASED (Type or print)	Firs		Middle Christ:	e		ost	4. DATE OF DEATH	Mo Jur		Do	у	Yeor 1959
5. SEX Female	6. COLOR OR RACE		IED NEVER MARR	IED 🔝	B. DATE OF BIR	TH	1958	9. AGE (In years lost birthday)	Months Months	R 1 YEAR Days		ER 24 HRS
On. USUAL OCCUPATION during most of wor Child	ON (Give kind of work d king life, even if retired)	lone 10b.	None	OR INDUS	TRY 11. BIRTHE		or foreign c	ountry)	12. C	ITIZEN O		COUNTI
	· Rafferty				14. MOTHER		IAME					
	R IN U. S. ARMED FOR((If yes, give war or dates of se		None					Record*		Maj	rylai	nd
PART 1. DEA 2043 Conditions, if o gove rise to i	mmediate (I	e for (o). (b), and (c)	che Tule	al He	e He	hag	re and	e	E 1	RVAL BE ET AND LAG	TWEEN DEATH
Couse (o), stoting lying couse lost. PART II. OTH	the under- (c)	DITIONS C	ONTRIBUTING TO DE	ATH BUT	LA LATED	o the termin	NAL DISEAS	FLUK E CONDITION GI	VEN IN PA	RT 1(0) 1	PERFC	AUTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	OCCURRED). (Enter nature	of injury in P	ort I or Por	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	v 20d. IN While of work	Not while of work	20e. PLA foc	CE OF INJURY tory, street, office	IHome, form, te bidg., etc.	20f. (City	or town)		(County)		(Stote
actual signature Physician's NAME (Type)	at I attended the June 1	., 19 <u>5</u> aylor	9, and that		accurred of Th	8/99 45 pm e Clir tional	nical Linst	n the causes treet, city or town Center citutes of Maryland	ond an . stote)	the dat	le state	ed abo
PERMOVAL (Specify) Burial	6-4-59		22c. NAME OF CEM					TION (City, town, ington		1.0	(Stote	e)
3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			240. REC'D		RAR 24b. REG				

Robert A. Pumphrey, Bethesda, Maryland

D FUNERAL DIRECTOR: After certificate has been signed by the attending physician and campage 3 shauld be detached for a set the burial-transit permit. Then please remove carban papes the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Afre page 3 shauld be detached VS A15 (4) 15M 10/57

to Children a first the contract of made at 1878.00 miles Circletty inasportation and I deligible that the Research Thiston wedge of the transfer carbonada, Maryland en aver out of the

FOR STATE HEALTH DER Poge . or files.

If any delay is nec

R: This certificate should be executed within 24 hours after death. If any delay is the word "pending" in pencit in Item, 18. Give Pages 1, 2, and 2 to the funeralist Medical Examiner's Office along with form PM3. Page ye be retained 3 should be used as a burial-transit permit. File pages 1 and 5 xith the State to burial, cremation, or removal, and in any event within 72 hours after death.

4 should be farwarded to x TO FUNERAL DIRECTOR: Page or its designated agent, priar

TO DEPUTY MED

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06990

Reg. Dist. No.

1.		PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceased lived. If institut	ian: Residence befo	re odmission)
)	0	. COUNTY DA X a o M e v u	MARYLAND	O. STATE . Wayy	b. COUNTY	Montgow	Levu -
	b	. CITY OR TOWN (If outside corporate limits, write URAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF od	side carporate limits, write		
	1	and give nearest town) arange Park	3 days 14 /2 hr	56Silver	Spuis		
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hosp		/d. STREET ADDRESS	abrings.		e. IS RESIDENCE
75	W	Jashington SaniXavinin	10×920HO3	9314 W	eaver SX.		YES NO
		NAME OF First	Middle	Lost 4.	DATE Manth	Doy	Year
		Type or print) Sack	Michael	Reamer	DEATH Jun	a 17	1959
	5. 5	EX 6. COLOR OR RACE 7. MARRIEI	D NEVER MARRIED 2 8.	DATE OF BIRTH	Tank & Lat. Ac. A.		F UNDER 24 HRS.
1	,	Male Hebrew WIDOWED	DIVORCED [5-24-47	12 yrs.	Months Days	Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KI uring most of working life, even if refired)	O D D D INDUSTR	114 . 1 1			WHAT COUNTRY
	12	FATHER'S NAME	allo -	14. MOTHER'S MAIDEN NAM	•	J M.3	-a_
	13.	R		ANN	NE		
	15	WAS DECEASED EVER IN W. S. ARMED FORCES? 16. S		FORMANT	Address Address		
	(Yes,	no, or unknown) (the give war or dotes of service)	·M	1 O	Aggress		
	_	X10	110 - IN	of Rico	rel.		
300		18. CAUSE OF DEATH [Enter only one cause per line for PART I, DEATH WAS CAUSED BY:	or (o), (b), and (c).]	V	0	ONSET	AND DEATH
-	9	IMMEDIATE CAUSE (o)	lateral /4	stowerd	hensonha	7-2	udden
V		8/3 X DUE TO				0	
		Conditions, if any, which (b)	rebal Co	neusion			
		(e), stating the underlying DUE TO	- +				
		cause last. (c)	who my	vry			
	Q	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	ALDISEASE CONDITION GIVE	N IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
0	3		V		tay.	YE	S NO D
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY TO OF DEATH.	HOW INJURY OCCURRED. (E	nter nature of injury in Part I o	or Port II of item 18.)		
90		jours	h by auto w	hele redun	freyeles		
-	DICAL	20c. TIME OF INJURY Month, Day, Year 20d. It		E OF INJURY (Home, farm / ry, street, affice bldg., etc.)	20f. (City of town)	(County)	(State)
15	MEDI		k ot work	street	sulver of	my Mn	ito me
		21. I certify that I taok charge af the re	emains described above	re, held an Autopsy	, Inspection .	Inguiry .	and in my
18		opinion deoth resulted from: Natural co	auses []. Accident [🕽, Suicide 🔲, Ha	micide 🔲, Undeter	mined manner	
11		1 0					DATE SIGNED
		SIGNATURE Frank J. 130	verhant	_M.D. CHIEF MEDICAL EXAM	AINER 🗍		DATE SIGNED
2		EXAMINER'S ELLIN TR		ASSISTANT MEDICAL I	EXAMINER 🗌	17-5	7
		NAME (Type)	roschart	DEPUTY MEDICAL EXA		//-0	/
	220	BURIAL, CREMATION, 22b. DATE THEREOF	229. NAME OF CEMETERY OR	CHEMATORY 22	2d. LOCATION (City, town, or	county)	(Stote)
2		6-17-59	Teorgewas	(Sur	Hattsion	ille "	116
Us	23.	FUNERAL DIRECTOR'S SIGNATURE	- 42/7 ast	mm 2011.	4 0 150	TRAR'S SIGNATURE	
113		Sarry Lynn 1	7-0	DATEJUN	18'59 and	wo S. Kraus	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH THE RESERVE OF THE PROPERTY OF THE PARTY OF

VS A15 (4) 15M 10/57

MAR	YLAND ST	ATE DEP	ARTMENT	OF HEAL	LTH-BALTIMORE,	. 18
7009	Items	11 & 1	3. Film	G-244 6	/29/59.cac.	
1005		CED.	TIEICATE	OF DEV	TL	

06991

LEKTIFICATE OF DEATH

								Kei	g. DIST. NO		
1. PLACE OF DEATH o. COUNTY	MONTGOMERY		MARY	LAND	2. USUAL RESIDENCE (VO. STATE MARYI		ed lived. If instit b. COUN		esidence befor		
RURAL and give n	(If outside corporate limi nearest tawn) NOR	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (III		porote limits, write	RURAL	ond give ne	arest tow	n)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in hospital, g	ive street	oddress)		d. STREET ADDRESS	, X				ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Fir AD		Middle WATT		REDMAN	4. DATE OF DEAT	7	onth UNE	Do	y Y	Year 19 ⁵⁹
FEMALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCE		8. DATE OF BIRTH Sept. 3, 187	74	9. AGE (In year last birthdo)) Mor	NDER 1 YEAR	IF UND Hours	ER 24 HRS Min.
during most of wor Funeral I	ON (Give kind of work of rking life, even if retired Director	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stol	e or foreign	cauntry)	13	U.S	F WHAT	COUNTR
JOSEPH SE	EYMOUR WICH	M W	CKHAM		14. MOTHER'S MAIDEN NANCY		SON				
S. WAS DECEASED EVI Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		NONE		nformant .ss Edna E. W	latts,		ddress Mary	land		
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO	_a	Erlerie	5 &	levoris				3	ye.	ac
5					NOT RELATED TO THE TER			SIVEN IN	PART I(a)	PERFC	AUTOPSY PRMEDA NO
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	200. 013.	SKIDE TIOTY HAJORI O	CCORRE	o. (Enter holore of injury in	TOTT TOT TO	ar ii or tiem 15.,				
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Doy, Yea	While	Not while of work	20e. PL/ fac	ACE OF INJURY (Hame, for ctary, street, office bldg., e	rm, 20f. (Ci	ty or town)		(County)		(Stote
21. I certify the alive on	J. W. B	195	-	death	accurred at P		m the causes	and o		te state	
PO. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	ON, 22b. DATE THEREO	F	22c. NAME OF CEME PARKLAWN				MONTGOME			(Stot	
ROLLING ROLL	PUMPHREY,	ING.	ADDRESS SILVER	SPRI	NG, MD. 240. REG	O'D BY REGIS			s SIGNATUR		

2, 80, 302, 503	HIASO, FOR ST	
		The same of the sa
	,	There is the same of the same
	225	
	and the same	

06992

7010

CERTIFICATE OF DEATH

1010	CERTIFICA	ALE OF BLATH		Reg. Dist. No.
o. CO Montgomery	MARYLAND	2. USUAL RESIDENCE (Where do Maryland	eceosed lived. If institution b. COUNTY	on: Residence before admission) ontgomery
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Betnesda	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Bethesda ×	corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION 5860 Marbury Road	street oddress)	d. STREET ADDRESS / 5860 Marbury	Road	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
NAME OF DECEASED (Type or print) JOHN	R. REEVES		DATE Mon DEATH June 1,	19 59
TA / / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH July 7, 1906	9. AGE (In years lost birthdoy) 5 2 yrs.	Months Doys Hours Min.
0o. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Lawyer	10b. KIND OF BUSINESS OR INDU	Washington,		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME Fred W. Reeves		14. MOTHER'S MAIDEN NAME Alice A Alde	rman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) WWW 11	•)	nformant ucile B. Reeves	Add	ress
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO DUE TO (c)	Claramion	of the	Symo	-sl
PART II. OTHER SIGNIFICANT CONDIT				VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.		ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	of. (City or town)	(County) (State
21. I certify that I attended the dealive an	eceased fram			That I last saw the decease and on the date stated above state) DATE SIGNE 6/1/59
PHYSICIAN'S W. T. Joyce	8106 Maple Ri	dge Road, Beth	esda, Mary	
220. BURIAL, CREMATION, 22b. DATE THEREOF Cremation 6/1/59	22c. NAME OF CEMETERY C	OR CREMATORY 22d.	LOCATION (City, town, Suitland, M.	
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-	Bethesda, Md.	24a. REC'D 8Y DATE JUN		ISTRAR'S SIGNATURE

ely filled in by the funeral director, Pages 1 and 2 should be filed with within 24 hours popers. PHYSICIAN: The law requires that the death certificate be executed attending physician and co DEDICITAL OF THE LOST THE LOST TO CHENDING Physician.

DEUNERAL DIRECTOR After as certificate has been signed by the attending physician and proge 3 should be detached for use as the burial-transit permit. Then please remove carbon page 3 should be detached for use as the burial-transit permit. TENDING may be retained 57 the has ō TO HOSPITAL

VS A15 (4) 15M 9/58

with

eath. Page 4

Madgodiery	in aryland			
	abvantati			
, and		anvass o	a Transci	
	July 7, 1808		alaiyi	pplai.
	Washington, D. C.	inyad		APKON W
	Alloc A Alderman		80755	V bort
8 + 0	ande h. Reeres-Re			
2 \ 1 \ 3		4127 6 44		
	iga head, Benkaga,	ari ərdəve bele	same is a	O NOT
Amijanu . s	et Sp		4/11/30	nother rec

Etylon: TOTAL SOLD SERVICE STATE TO THE PROPERTY SERVICES The Conference Village Three and the Conference LIE JAN JAMES (E. O. TOLE) TO TOUR STORE THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART THE STATE OF THE PARTY WAS A STATE OF THE ST THE STREET STREET Bether I was the second of the second of the BURNING STORY TO SERVED A COUNTY A STATE OF THE PERSON OF THE P

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06994

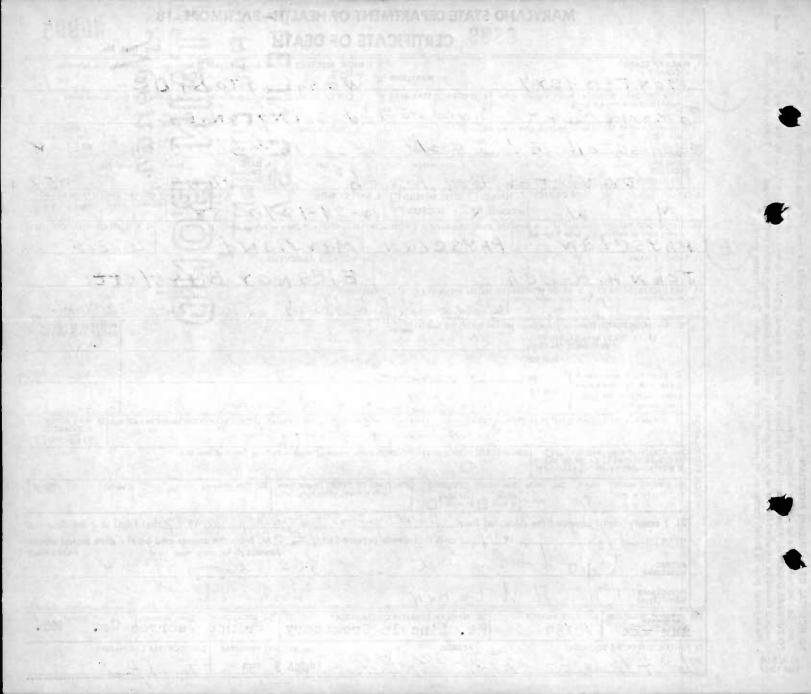
Rea. Dist. No.

PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; regidence before admission)
Montgomery MARYLA	IND O. STATE Thanyland b. COUNTY rince Georges
b. CITY OR TOWN It outside to forate limits, write RUFA c. LENGTH OF STAY IN	
Takoma Park DOA	Lewisdale 16x.2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Wash. Sanitarium and dospital	16612-244 Place YES NO R
NAME OF DECEASED A First Middle	4. DATE Month Doy Year
(Type or print) WOLLIS JOY +	Temination DEATH June 15 1859
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BITH 9. AGE (In yours IFUNDER 1YEAR IF UNDER 24 HRS Months Doys Hours Min.
White WIDOWED DIVORCED	May 5 1882 17 yrs. Months 50/3 110013 Mill.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during gnost of working life, even if retired)	DUSTRY 11 FIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
Bartender selver	Providence Rhode Island 984
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	unknown by informant
	17, INFORMANT
NO	Hosp records and Hilared Reming
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	O FO CONTRACTOR AL
BART I DEATH WAS CALISED BY.	to be a second s
IMMEDIATE CAUSE (a) Coronary	audet.
Conditions, if ony, which)	
gove rise to immediate couse	
(e), stating the underlying DUE TO	
17	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E CONTRACTOR CONTRACTO	PERFORMED?
200 EVERNIAL CALIFE WAS 200 DESCRIPE HOW INTRIBUTY OCCUPANT	YES NO Ø
DO. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	D. (Enter noture of injury in Part I or Port II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. While Not while of work of work	factory, street, office bldg., etc.)
21. I certify that I took charge of the remains described	obove, held on Autopsy 🔲, Inspection 🛣, Inquiry 🔀, ond in my
opinion death resulted from: Natural causes . Accide	
A CONTRACTOR OF THE CONTRACTOR	m, volucion, violine to
ACTUAL 10 Bracker &	CHIEF MEDICAL EXAMINER C
SIGNATURE Sand J. Justinas	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S FLANK J. Broscha	1 / 2 / 2
220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial (Specify) 6/18/59 Woodlaw	n Cemetery Baltimore, Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Total programme Total programme
	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If only deloy is necessive execute the certificate, writing a word "pending" in pendi in flem, 18. Give Pages 1, 2, and 32 of the funeral direct A should be forwarded to the field Medical Examiner's Office along with form PM3. Page 5 the retained for your files.

TO FUNERAL DIRECTOR: Page 5 hourd be used as a burial-transit permit. File pages 1 and 2 wan the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 22 hours after death. VS. A15ME 5M 2/57

the grand this despressed another Mark Laufer and Mark to the control of the control



M

TO HOSPITAL

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7012

06996

CERTIFICATE OF DEATH Reg. Dist. No.

o. COUNTY Montgo	mery	MARYLAND	o. STATE Maryla	and b. COUNTY	Montgomery
b. CITY OR TOWN (If autside RURAL and give nearest to LENWOOD	corporate limits, write wn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside carporote limits, write RU	JRAL and give nearest tawn)
d. NAME OF HOSPITAL (If no or INSTITUTION 6223 Kenne	edy Dr.	oddress)	d. street address 6223 Kenne		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First anny	Leigh	Riley	4. DATE Month OF DEATH June	Doy Yeor 23 19 59
5. SEX 6. COI	OR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Mar. 2, 186	9. AGE (In years lost birthday) 92 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give during mast of warking life, NONE	kind of wark dane 10b. even if retired)	None	STRY 11. BIRTHPLACE (State Missis		12. CITIZEN OF WHAT COUNTRY?
Charles H.	Leigh		Emily A	daline Poole	
1S. WAS DECEASED EVER IN U. (Yes, no. or unknown) (If yes, give)	the second second section is a second section of		rs. Frances	L. Denton	ess
200. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	DUE TO (c) IIIFICANT CONDITIONS, RIVING 20b. DES	CONTRIBUTING TO DEATH BUT TENOS LEMO CRIBE HOW INJURY OCCURRE	of 4 Myoca	robert farling	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO []
20c. TIME OF INJURY Mont Hour o. m. p. m.	While	NJURY OCCURRED 20e. PL Not while at work	ACE OF INJURY (Home, form ctary, street, affice bldg., etc	20f. (City or tawn)	(Caunty) (State)
	BARRAN 19.5 BARRAN 19.5 1 B. Harl DATE THEREOF 6/25/59	~ /	M.D. 4545 West	M, from the couses one ADDRESS (Street, city or town, s Com Location (City, town, or Lexington	r county) (State) , Va.
23, FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Ga.	Live 7. 7 240. REC' DATEUN	D BY REGISTRAR 246. REGIST 246. REGIST	TRAR'S SIGNATURE

ScotlanX TELTRETHEE 4 4 8 4 7 BOOK BALT THE STEEL some of the period The describer of the second party of the second September of the state of the second

050

oth: Page 4

MADVIAND STATE DEDADTMENT OF HEALTH DALTMADE 10

06997 g. Dist. No.

MAKIBAND	JIAIL DEI ARIM	LINI OF TILALITY—DALITYONE, TO	-0699
7013	CERTIFICA	ATE OF DEATH Reg. (Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Resid o. STATE	ence befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	d give nearest tawn)
Bethesda	10 days	The District of Columbia	471
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDE ON A FA
The Clinical Center, Be	thesda 14, Md.	3760 Foote Street, N. E.	YES N
2 NAME OF	M: 10	4 5 4	

Tioning onerly									
 CITY OR TOWN (If autside carporate limits RURAL and give nearest town) 	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF o	utside corpor	rate limits, write RL	JRAL and give	e nearest lav	wn)
Bethesda		10 days		The Distr	ict of	Columbi	a	477	(-3
d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION				d. STREET ADDRESS	-71,-		1000		ESIDENCE A FARM?
The Clinical Center	, Be	thesda 14, M	d.	3760 Foot	e Stre	et. N. E			NO 😡
3. NAME OF First DECEASED	1	Middle		Last	4. DATE OF	Mont	h	Day	Year
(Type or print) Ro	У	Earl		Rodney	DEATH	Jun	e 27.		1959
5. SEX 6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y	-	
	WIDOWI		-	June 2, 19		12 yrs.	Manths Do	ys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	ane 10b.	KIND OF BUSINESS OR IN	DUST	Y 11. BIRTHPLACE (State	ar fareign ca	untry)	12. CITIZE	N OF WHA	T COUNTR
Student		None		Washingt	on. D.	. C.	U	. S. I	A .
13. FATHER'S NAME	250			14. MOTHER'S MAIDEN N					
Robert E. Rodney				Evelyn S	croggi	ns			
IS. WAS DECEASED EVER IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO. 1	7. INF	ORMANT The Med	ical F	Record Address	ess		
NO		None		e Clinical C				Md.	4
18. CAUSE OF DEATH [Enter only one cou	se per li	ne far (o), (b), and (c).]				20411004		INTERVAL E	BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	6	Boan Reans	uan	and a				ONSET AN	D DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)	9	Presonia &	Zvo.	-sulemyla	nti				
PART II. OTHER SIGNIFICANT COND							N IN PART 1(PERF	ORMED?
OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU	RRED.	(Enter noture of injury in P	Part I or Port	It of item 18.)			
20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 p. m. 19	While at war	Nat while	PLAC facto	E OF INJURY (Home, farm, ry, street, office bldg., etc.	20f. (City	or town)	(Cou	nty) .	(State)
21. I certify that I attended the	deceas	ed fram. June	17	. 19 59 ta	June 2	7 , 19 59	that I las	t saw the	decens
alive an June 27	. 19		ath a	ccurred at 7:30 P	M fram	the causes a	nd on the	data sta	tad about
6	- 0	w1				eet, city ar town, s			DATE SIGNI
SIGNATURE ELECTION BY	The	enelson	M.	The Cli	nical	Center		6-2	8-59
		0				itutes o	f Heal	th	
PHYSICIAN'S Eugene B. Fe	igel	son, M. D.				Maryland			
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)		22c. NAME OF CEMETER		REMATORY	22d. LOCAT	ION (City, tawn, a	county)	(Ste	ate)
Burial July 3. 23. FUNERAL DIRECTOR'S SIGNATURE	1959	Woodlawn (Cem		BY REGISTI	hington	TRAR'S SIGNA	De	C.
John T. Rhines & Co.	301		N.	E. DATE JU			A S. A		

ly filled in by the soneral director, Pages 1 and 2 shavid be filed with certificate has been signed by the attending physician and cam fairne as the burial-transit permit. Then please remave carban pap crematian, ar remaval, and in any event within 72 hours offer death. pr attending physician. TO HOSPITAL OR NITENDING PH may be retained the hospital.
TO FUNERAL DIRECTOR: Affer page 3 shauld be detached for the registrar priar to burial, crem

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

VS A1S (4) 1SM 10/S7

	STATE DEPARTMENT OF HEALTH - BALTIMORE	
all file best	CERTIFICATE OF DEATH	3
Store Difference	The state of the s	mile manager for the control of the
		Marie Committee of the
	THE PERSON WHEN THE PROPERTY OF THE PARTY OF	
4 4 4		
Control of the contro	tell yearner londing the period	
	The second of th	
	The second secon	
	The second secon	
	The second secon	
	The state of the s	

ath. Page 4

ly filled in by the Sheral director, Pages 1 and 2 should be filed with

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained he haspitation attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and campage 3 shauld be detached father as the burial-transit permit. Then please remaye carbon papthe registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. TENDING TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11 tem 19 FilmG243 6-15-59 et
CERTIFICATE OF DEATH 7014

06998

1. PLACE OF DEATH O. COUNTY MONTGOMERY B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ROAD AND AND AND AND AND AND AND AND AND A	nstitution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, w	
RURAL and give nearest town)	Alexandria
	vrite RURAL and give nearest town)
Bethesda 47 days Alexandria	8.3×-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDEN
The Clinical Center, Bethesda 14, Md. 2348 North Early Stre	eet ON A FAR
3. NAME OF DECEASED (Type or print) James Robert Rogers (Type or print) Lost Robert Rogers	Month Day Yeor June 10, 195
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In.)	years IF UNDER 1 YEAR IF UNDER 24 day) Months Doys Hours A
Male White WIDOWED DIVORCED November 8, 1949	yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COL
None None Washington	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Robert O. Rogers Sigrid Koski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yes, no. or unknown) 1 (If yes, give wor or dotes of service)	Address
None The Clinical Center, Beth	
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]	INTERVAL BETWE
	ONSET AND DEA
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Gram Negative Septicaemia	5 days
DUE TO	
Conditions, if ony, which) (b) Bronchopneumonia	2 weeks
gove rise to immediate Couse (a), stating the under-	
lying couse lost. (c) Acute Lymphatic Leukemia	9 month
Z Booth Cytics Cleville And Control Control	N GIVEN IN PART 1(0) 19. WAS AUTO
O FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORME
	PERFORMED YES NO
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18	PERFORMED YES NO
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town))	PERFORMED YES NO
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUT	PERFORMEL YES NO (County) (S
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1E of item	(County) (S
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION	(County) (S
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1E OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Mile Not while of work of twork of twork are declared. (City or town) 21. I certify that I attended the deceased from. April 24, 19 59 to June 10, 19 alive on June 10, 19 59, and that death accurred at 9:10 AM, from the cause ADDRESS (Street, city or the course of	(County) (S 2.59 that I last saw the decises and on the date stated a lown, state) DATE S
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18 OR CONTRIBUTING CAUSE OF DEATH 20f. CONTRIBUTING CAUSE OF DEATH 20f. (City or town) 20f. TIME OF INJURY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of work 20f. (City or town) 20f. (City or town) 21. I certify that I attended the deceased from April 21, 19 59 to June 10, 19 alive on June 10, 19 59, and that death accurred at 9:10 AM, from the cause Accurate Signature M.D. The Clinical	(County) (Solution of the date stated a lown, stole) (County) (Solution of the date stated a lown, stole) (County) (Solution of the date stated a lown, stole) (County)
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of w	(County) (S Description of the date stated of the county
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of work allowed the deceased from April 24, 19 59 to June 10, 19 alive on June 10, 19 59, and that death accurred at 2:10 AM, from the cause Address (Street, city or the Clinical National Inst. NAME (Type) Nathan S. Taylor, M. II. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18	(County) (S 2.52 that I last saw the decises and on the date stated a lown, state) Center 6/10, titutes of Health Maryland
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of w	(County) (S 2.52 that I last saw the decises and on the date stated a lown, state) Center 6/10, titutes of Health Maryland
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18 or CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m., 19 of work Not while of work 19	(County) (S 2.52 that I last saw the decises and on the date stated a lown, state) Center 6/10, titutes of Health Maryland

	H OF DEATH	ADMINIST CENTIFICA	
			Approximation of the Control of the
eo .uu.		desta M	
	Aller Film 18		Policy D. Raves
		ally and around	
			A STATE OF THE STA
			m bell plant per allowed to
AUX - Taken			
		Terrament.	
this low			

15 (4) 10/57

MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6000				

6890 CERTIFICATE OF DEATH

Reg. Dist. No. 6999

1	D. PLACE OF DEATH O. COUNTY Montromers MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest fown) Takoma Park	c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest town) Washington
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
0	7100 Sycamore Ave. (nursing home)	unknown YES NO
3	3. NAME OF DECEASED (Type or print) Robert Roll	Roman 4. Date Month Day Year Of DEATH June 30. 19 59
1 5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAIRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	male white widowed Divorced	Jane 17, 1887 72 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Retired-Accountant U.S. Gov't.	14. MOTHER'S MAIDEN NAME
	Taha A Damas	The Constant
		Emma Gregory INFORMANT Address
1	(Yes, no. or unknown) (If yes, give wor or dates of service) Ves World War I no	Mrs. Rena R. Wailes - 110 St. Albans Way
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.	+ Arombosis - Left Side ONSET AND DEATH + Cerebral arteriosclerosis 10 years
TO TA TO	CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part 1 ar Part II of item 18.)
A DI GOLD	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. P While Not while of work at work at work	LACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (State) actory, street, affice bldg., etc.)
	ACTUAL RUSSELL B. arnold	h accurred at 2:00 A, M, from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) M.D. 280/Celesville Road., 6/30/59
	PHYSICIAN'S RUSSEll B. Arhold M.	D. Silver Spring, Maryland.
2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	(510.0)
2	Burial 7/2/59 Loudon P.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The state of the s	Mm. J. Tickner + Hour- aa	DATELL 1 '59 arilus & Kroun
	V	Mid

	(i = x	
		of the control of the control of
	Assertation and	
	and the steel of	

ben papers er death and con

Then please remove vent within 72 hours

es certificate has been signed by the attending physicion use as the burial-transit permit. Then please remove cost

or offending physicion.

remaval, and in any event

the registror prior to buriol, cremotian, or

TO FUNERAL DIRECTOR: After a page 3 should be detached for

VS A15 (4)

15M 9/5B

YYSICIAN: The low requires that the death certificate be executed within 24 hours of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7015

CERTIFICATE OF DEATH

02000

			100	ŧ
Pag	Dist	No	215	

o. COUNTY Montgome	ry		MARYL	AND	o. STATE District	- 40/15	b. COUNTY	on: Residence	before ad	mission)
b. CITY OR TOWN RURAL and give Bethesde	/	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN		rote limits, write R	URAL ond giv	ve nearest t	rown)
d. NAME OF HOS	PITAL (If not in hospital, o	jive street a	ddress)		d. STREET ADDRE			/		RESIDENCE
OR INSTITUTION	val Hospita	1			3701 Com	necticut	Ave N	W		N A FARM?
3. NAME OF DECEASED (Type or print)	Fir Mar	st	Middle Elli s	3	Lost SAFFORD	4. DATE OF DEATH	Mon Jui	ith	Day 17	Yeor 19 59
5. SEX			DE NEVER MARRIE		DATE OF BIRTH		9. AGE (In years		YEAR IF U	
Female	Caucasian	WIDOWED			7-1-08	- C 1	lost birthdoy) 50 yrs.		oys Hou	
100. USUAL OCCUPA during most of w Housew	TION (Give kind of work orking life, even if retired	done 10b. K	IND OF BUSINESS OR	INDUST		Stote or foreign o	ountry)		S.A.	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME				AL X
William	F. ELLIS				Kather	ine HAND				
(Yes, no, or unknown)	VER IN U. S. ARMED FOR	ervice)	OCIAL SECURITY NO.		ormant spital Re	cords	Add	ress		
CATIC	immediate DUE TO g the <u>under-</u> 1. (c) THER SIGNIFICANT CON) DITIONS_CO	ONTRIBUTING TO DEA	TH BUT N		TERMINAL DISEAS	E CONDITION GIV	tion VEN IN PART	1(o) 19. W. PE	AS AUTOPSY RFORMED?
	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)		RIBE HOW INJURY OC							
WEDICAL HOUR O. IN P. IN	10	While	Not while of work	20e. PLAC focto	E OF INJURY (Home, ry, street, office bldg	form, 20f. (City ., etc.)	or town)	(Co	unty)	(Stote
21. I certify alive anJ_l ACTUAL SIGNATUREPHYSICIAN'S NAME (Type)	7. H.O. Con	., 1259	d fram. April	death o	D. U.S.	OZPM, fram ADDRESS (Si	the causes an reet, city or town, Ospital	d an the	date sta	
220. BURIAL, CREMAT REMOVAL (Speci		F	22c. NAME OF CEMETARING TON			22d. LOCA	MON (City, town,		irgir	Stote)
Burial 23. FLIME TO LECTO W W Chambe	- Comments	Jes Iome	CADDRESS Was	hing	ton, D.34.		RAR 24b. REGI	STRAR'S SIGN	NATURE	

HOLES CATALOGRAPH STREET Con Salva Still the state of the second of the Black the state of the state of

FOR STATE HEALTH DEPT.

TO DEPUTY MED. S. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nearly please, execute the certificate, writh the word "pending" in pencil in them, 18. Give Pages 1, 2, and to the funeral dir Loc. Page 4 should be farwarded to the hield Medical Examiner's Office along with form PM3. Page 1, y be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Heblih, or its designated agent, prior to burial, cremation, or removal, and in any examinitin 72 hours after death. EXAMINER: T

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07001 Reg. Dist. No.

	PLACE OF DEATH				2.	USUAL RESIDENCE	(Where dece	ased lived. If institu	tion: Resid	ence bel	fore admi	ission)
	o. COUNTY Mon	tgomery		MARYLA	ND	a. STATE MA	rvlan	d b. COUNT		onto	zome	ייי
	b. CITY OR TOWN (If and give nearest fown)		RURAL	c. LENGTH OF STAY IN	1b			rporate limits, write				
		hesda		l4 Yrs.)	Re	thesd	9				
			If not in I	hospital, give street address)		d. STREET ADDRESS		a				ESIDENCE
	7901	Chelton	Ros	d		79	01 Ch	elton Re	her			A FARM?
3	NAME OF	Fir		Middle		Lost	4. DATE	Mont		D		
	DECEASED (Type or print)		\$1				OF			Doy		fear
-		WESLEY	17	IRVING		SAUTER	DEATH	Juli	1	23		9 59
3. :	SEX	6. COLOR OR RACE		RIED NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years last birthday)	Months	Days	Hours	Min.
-	lale	White	WIDOV		Ju	ily 2, 1	902	56 yrs.		00/.		
100	during most of working	N (Give kind of work	done 10b	. KIND OF BUSINESS OR IN	DUSTRY 1	1. BÎRTHPLAČE (Sto	te or foreign	country)	12. CIT	IZEN O	F WHAT	COUNTRY
	Real Est			Own busines	ss	Connec	ticut		U	S		
13	FATHER'S NAME				14,	MOTHER'S MAIDEN	NAME					
	Trying	Sauter			3 72	Anna	W.	Lake				
	WAS DECEASED EVE	R IN U. S. ARMED FO			7. INFOR			Address				
14.	No. or unknown)	[18 yes, give war ar dates of	service)	214-30-0941	Moel	ey S. S	outer	Tm				
=	- T	M (Enter only one cou	un per lis	ne for (o), (b), and (c).	MESI	еу э. э	auter	, J.t.		INTER	EVAL BETWI	66N)
		H WAS CAUSED BY:	se per m			.1				ONS	T AND DE	ATH
1		IMMEDIATE CAUSE (0		Coronary	7 000	clusion				1.		n.
	420.1	DUE TO										
	Conditions, if an											
	gove rise to immed (o), stoting the u											
	couse lost.) (c)									
8	PART II, OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PAR	T 1(0) T		AUTOPSY RMED?
18											YES	NO N
CERTIFICATION	200. EXTERNAL CAU	SE WAS 20	b. DESCI	RIBE HOW INJURY OCCURRE	D. (Enter i	noture of injury in P	ort 1 or Port 1	I of item 18.)				
CE	PRIMARY OF CON	II KIBUIING LI										
13	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20c	d. INJURY OCCURRED 20e.	PLACE O	F INJURY (Home, fa	rm, 120f. (Ci	ty or town)	(Co	unty)		(Stote)
MEDICAL	Hour o. m.	19		hile Not while work of ot work		reet, office bldg., •				.,		
Z	p. m.	· · · · · · · · · · · · · · · · · · ·			ahaua	hald as A.v.		I FOR	1 .	TOP		1.
				e remains described	_		,	Inspection X,		ry X	_	d in my
	apinion death	resulted fram:	Natura	I causes X, Accide	nt [],	Suicide [,	Homicid	e [], Undete	rmined	manne	er 📙	
	ACTUAL										DATES	IGNED
	SIGNATURE F	rank J.	Bros	chart	M.I						20116 4	
	EXAMINER'S	1.	0			ASSISTANT MEDI	ICAL EXAMIN	IER 🗍		- 1	- /-	
	NAME (Type)	raus 4. 1	Sas	mhait		DEPUTY MEDICA	L EXAMINER	29		6/2	23/5	9
22	BURIAL CREMATION	N, 22b. DAY THERE	OF .	22c. NAME OF CEMETER	OR CREA	MATORY	22d. LOC.	ATION (City, town,	or county)		(Stot	•)
10	cremation	6/23/	59	Cedar Hil	1 C:	rematory	Su	itland.	Mar	7] 21	hn	
). Percenti	FUNERAL DIRECTOR			ADDRESS			C'D BY REGIS					
	Robert A	. Pumphr	ev	Bethesda, M	larv]	and DATE	JUN 2 4	259	**	2		
-	2200020						MAIL Y	22 1	Thung &	The	us.	

THE STATE OF THE S	
The contract of the contract o	
The state of the s	
The state of the s	
The Court of the same is the same of the same and the same of the	
The france of a transfer of the street of th	
65/65/9	
The terminal production of the second of the	

.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY ontaomera MARYLAND ontaomera b. CITY OR TOWN (If outside co-porte limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Sonitarium 12016 YES NO Grosuchor NAME OF DATE Middle Month Day Year OF 1959 (Type or print) 23 DEATH une 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7/ MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 40 molo WHOOWED F DIVORCED YES. 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Khode Island /eacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James In Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT above No None 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) S days DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO K 20b. DESCRIBE HOW INJURY DECURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) While Not while o. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined cause ... DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) Mt. St. Benedict Hartford, Connecticut ADDRESS JUN 2 4 59 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE arthur S. Thous Robert A. Pumphrev Bethesda, Maryland DATE

4 should be e cy puo Exom ed to the AL DIRECTO forworded to cute the 0 VS. A15ME(5) 5M 9/55

	AT A MEDICAL EXAMINER'S CENTIFICATE OF DEAT	
AD AD AD AD AD		
	The second of the second secon	
	THE PERSON OF THE PROPERTY OF THE PERSON OF	
	Transport of the second of the	
The Water State		
	Continue of the second	
	THE RESERVE OF THE PARTY OF THE	27:05-19-10H
	Manual of the company of the state of the st	

ath. Poge 4

within 24 hours of

ely filled in by the funeral director, Pages 1 and 2 should be filed with

7018

3

_	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	0700		
8	CERTIFICATE OF DEATH		11100		
	CERTIFICATE OF DEATH	Reg.	g. Dist. No.		

		Reg. Dist. No.
), PLACE OF DEATH o. COUNTY	II O STATE	(Where deceosed lived. If institution: Residence before admission)
Montgomery		yland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	F STAY IN 16 c. CITY OR TOWN	(If outside corporate limits, write RURAL and give nearest town)
Bethesda 29	hours Bethesda	X
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRES	e. IS RESIDENCE ON A FARM
Suburban Hospital	5506 Sonoma	a Toad YES NO
DECEASED	Middle Lost 1bert Scheirer	4. DATE Month Day Year OF June 30 19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
Male White WIDOWED DI	VORCED June 14. 1	lost birthdoy) Months Doys Hours Mi
 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life even if retired) 	NESS OR INDUSTRY 11. BIRTHPLACE (S	tate or foreign country) 12. CITIZEN OF WHAT COUNT
Hetired U.J.	Gout Elmi	12, 77. 2/1 II.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDE	EN NAME
-/ ames (V) o'ch.	eirer Clar	a Tolenton.
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI (Yes, no, or unknown)	ITY NO. INFORMANT	Address 55th Jupt.
	601671155 Nell1	and Cheiver-Betheso
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), o	nd (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Consorting (1)	ONSET AND DEAT
420,1 DUE TO 0		D
Conditions, if ony, which)	Part. man	and it laboration Und
gove rise to immediate couse (o), stating the under-		July July 9 0 P
lying couse lost.	0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		PERFORMED YES NO
200 ACCIDENT WAS UNDERLYING TO 201 DESCRIPE HOW IN	URY OCCURRED. (Enter noture of injury	
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURR		form, 20f. (City or town) (County) (St
Hour o. m. P. m. 19 While Not while of work of work	Dictory, street, office blag.,	610.7
21. I certify that I attended the deceased fram	29 / 1009 10	6 3 that I last saw the decea
	that death accurred at 101	
O 1	mar deam accorred di	ADDRESS (Street, city or town, state) DATE SIGN
ACTUAL 4 4 13	BOTT	-da 1- 1 1/2 1-
SIGNATURE	M.D.	my 41 311)
PHYSICIAN'S A.D. Brew	NAN	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF	11111	
REMOVAL (Specify)	F CEMETERY OR CREMATORY	22d. LOCATION (City. town, or county) (Stote)
removal (Specify) cremation 7/3/59 Ft.		
REMOVAL (Specify)	F CEMETERY OR CREMATORY Lincoln Cremato	ory Prince George, Md. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

TO HOSPITAL OR "YENDING PHYSICIAN: The law requires that the death certificate be executed may be retained. The hasp," or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the ottending physician and camp page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper the registrar priar to burial, crematian, or remaval, and in any event within 72 hours grier death.

VS A1S (4) 1SM 9/58

Me & Court Lynnes Il y Lange III. Julioner & Bling Tolake 5 18 1878-32-600 Miles Miller Section 8 18 5 The state of the second state of the second state of the second s we cake the contract the same of the same thanks the same And the second of the second o The particular of the structure of the second of the

with

ely filled in by the funeral director, Pages 1 and 2 should be filed with

or ottending physicion. s certificate has been signed by the ottending physicion and carries to the burial-tronsit permit. Then please remaye corbon papers or removol, and in any event within 72 hours TO HOSPITAL OF TENDING PLYSICIA may be retained the hasp for othe TO FUNERAL DIRECTOR: After a scriff page 3 shauld be detached for use as the registror prior to buriol, crematian,

YSICIAN: The low requires that the death certificate be execut

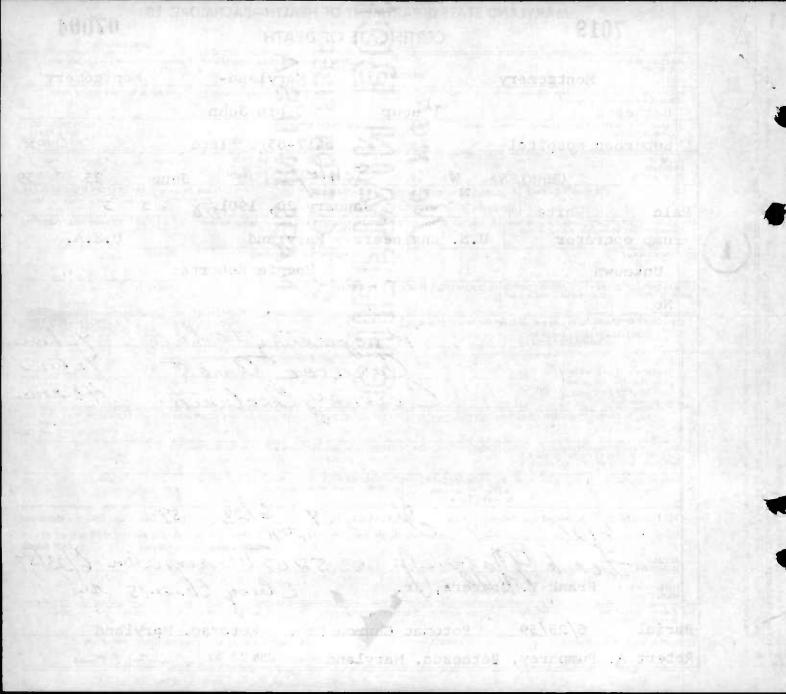
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7019

CERTIFICATE OF DEATH

07004 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY					2. L	ISUAL RESIDENCE	(Where decease			Residence be	efare admiss	sian)
u. coorri	Montgome	ery		MARYLAND			ryland	_ b. C	OUNTY	Montg	gomer	су
b. CITY OR TOWN (RURAL and give n	If autside carporate lim	its, write	c. LENGTH O	F STAY IN 16		. CITY OR TOWN	(If autside carp	orate limits,	write RURA	L and give r	nearest taw	n)
Betheso	9	- 57 1	1	hour	X	Cal	bin Jo	hn				
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, o	give street a	ddress)	71.7	1	d. STREET ADDRESS	S			1	e. IS RES	SIDENCE A FARM?
	an Hospita	al			1	6417-8	B3rd P	lace				NO 🔽
3. NAME OF DECEASED	Fi			Middle	_	Last	4. DATE		Manth		Day	Year
(Type or print)	CHAR	LES	W		5	chley	DEATH	1	June		23	19 59
S. SEX	6. COLOR OR RACE		ED MEVER	MARRIED [B. DA	TE OF BIRTY		9. AGE (In		UNDER 1 YE		_
Male	White	WIDOWE	D DI	VORCED	Ja	nuary 20	0, 190	158	yrs. 5	onths Day	s Haurs	Min.
10a. USUAL OCCUPATION	ON (Give kind af wark	dane 10b. K	IND OF BUSIN	NESS OR IND	DUSTRY	11. BIRTHPLACE (St	ate ar foreign	cauntry)		12.CITIZEN	OF WHAT	OUNTRY?
Pump ope	king life, even if retired	" U	S. E	ngine	ers	Mary!	land			U.S	S.A.	
13. FATHER'S NAME	FERRING TO					MOTHER'S MAIDE	N NAME					
Unknov	m				-	Magg	gie Ro	berts	3			
1S. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		OCIAL SECUR	ITY NO.	INFOR	MANT			Address			
Canditians, if a gave rise ta i cause (a), stating lying cause last. PART II. OTI	the <u>under</u> DUE TO the SIGNIFICANT CON	D) D) D) E) MDITIONS <u>CC</u>					9 9				19. WAS PERFO	Korus Korus AUTOPSY DRMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJ			ter nature of injury			1B.)			
20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Ye	While at wark	JURY OCCURR Nat while at wark	1 - 1		of INJURY (Hame, 1 street, affice bldg.,		ty or town)		(Cauni	(y)	(State)
21. I certify if alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Frank Y.	decease , 195 / Jag	0 1	Inat dea		5 7 C	AM, fram ADDRESS (ses and a			
22a. BURIAL, CREMATIC REMOVAL (Specify) Burial				F CEMETERY		MATORY ch Cem.		omac			(Sta	te)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				EC'D BY REGIS			AR'S SIGNA		
Robert A.	Pumphrey	, Be	thesd	a. Ma	rvl	and DATE	JUN 2 5	'59	an	hun 8 +	Traces	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7020 MEDICAL EXAMINER'S CERTIFICATE OF DEATH registrar prior to burial, crematian,

07005

Reg. Dist. No.

o. COUNTY	Montgomery	MARYLAND	o. STATE Mar			ntg.
and give negress low	(If outside corporate limits, write RURA on) Bethesda	c. LENGTH OF STAY IN 1b		or Spring	nits, write RURAL and	give nearest lown)
	tal or institution (if not can Hosp.	in hospital, give street oddress)	d. STREET ADDRESS 4308 H	lewitt Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John B	middle enjamin Schrider	Lost	4. DATE OF DEATH	Month June 23	Day Year 19 59
5. SEX male	1 1 1	WARRIED NEVER MARRIED B.	DATE OF BIRTH 4/2/1894	9. AGE lost big		YEAR IF UNDER 24 HRS. oys Hours Min.
during most of work	ION (Give kind of work done ing life, even if refired) Asst. Sec.	Chief. U.S. Go		a ar fareign country)		EN OF WHAT COUNTRY?
13. FATHER'S NAME	uin F. Schride		14. MOTHER'S MAIDEN		nie McGuire	
15. WAS DECEASED E' (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		ome P. Schri	der,3706 E	Address Malph Rd. S	ilver Spring
Conditions, if gave rise to imme (o), stoting the cause lost.	underlying DUE TO (c)	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OT	AUSE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Pa	rt I or Part II af item 1	B.)	100 00
20c. TIME OF INJU Hour o. m.			E OF INJURY (Home, formary, street, office bldg., etc.		(Coun	ly) (State)
	hat I taak charge of d fram: Natural caus	the remains described aboves [, Accident], Suid	ve, held an Autap cide, Hamicid	,	an 🔀, Inquiry mined cause 🔲.	, and find that
ACTUAL SIGNATURE SIGNATURE FAAMINER'S FAAMIN	rank . Brosel	nart	_M.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	CAL EXAMINER	6/23/59	DATE SIGNED
220. BURIAL CREMATII REMOVAL (Specify burial 23. FUNERAL DIRECTO Warper E	6/26/59	22c. NAME OF CEMETERY OR Gate of Heave ADDRESS nc. Silver Sprin	n Cemetery g, Md. 240. REC			

TO DEPUTY MEDIDAL EXAMIMER, This certificate should be executed within 24 hours after death, cute the certific writing and "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to farwarded to the chief Med Examiner's Office along with farm PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 hould be used as a burial-transit permit. File pages 1 and 2 with VS. A15ME(5)

or removal.

5M 9/55

If any delay is nece funeral director. or your files.

The state of the s				
A STATE OF THE STA				
The series of th				
A THOU SERVICE STATE OF THE PROPERTY OF THE PR				
PART OF SERVICE AND				
	Cantings who			
The part of the pa		Section 11		
The property of the property o				
The part of the pa				
Control of the Contro				
		norman III de mente El delede Discon a acceptance de		
		The acceptance of the control of the	Total Control	

Page 4

iely filled in by the funeral directar, Pages 1 and 2 should be filed with carban papers. may be retained by the haspic for attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campage 3 shauld be detached far use as the burial-transit permit. Then please remove carban paper the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

SICIAN: The law requires that the death certificate be execute

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6891 **CERTIFICATE OF DEATH** 07006 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY M	ontgomery		MARYLA		USUAL RESIDEN	~	e deceased liv	ed. If institution b. COUNTY	on: Residence	before oc	Imission)
Takoma aiP	(If outside corporate limit nearest town)	ts, write	c. LENGTH OF STAY IN								
d. NAME OF HOSP OR INSTITUTION OAKNAVEN	tral (If not in hospitol, g			7	d. STREET ADD		Street	N.W.		0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Anna	st	M Middle		Scott		4. DATE OF DEATH	June	th	Day 6	Year 19 59
Female	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIED DIVORCED		tober	30.		AGE (In years last birthday) 72 yrs.		-	JNDER 24 HRS ours Min.
10a. USUAL OCCUPATI during most of wo Housewi 13. FATHER'S NAME	ION (Give kind of work or rking life, even if retired)	ione 10b. I	KIND OF BUSINESS OR		D. MOTHER'S MA	C.	foreign count	(ry)	12. CITIZ	U.S.	AT COUNTRY
	- M										
	an Toepfe:		COCIAL SECURITY NO	INFO	Anns	a As	chenb	Ach Addi			
	(If yes, give war or dates of se		no		liam F	I. S	cott '		3th S		D.C.
Conditions, if a gove rise to couse (a), stoting lying couse lost PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	the under-		ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO TH	IETERMIN	AL DISEASE CO	ONDITION GIV	EN IN PART	PE	/AS AUTOPSY ERFORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURREO. (E	nter nature of in	jury in Po	rt I or Part II	of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	10	While of work	Not while		OF INJURY (Hon street, office bl		20f. (City or	town)	(Co	ounty)	(Stote
21. 1 certify to alive an	hat I attended the Une 5 UNE 1	decease 195	ed fram Feb.	death acc	- 47			c 1955 e causes an i, city or town,	d an the	date sta	e deceased ated abave DATE SIGNE
	22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR CR				N (City, town,		C	(State)
23. FUNERAL DIRECTO	R'S SIGNATURE	177	ADDRESS T		0		BY REGISTRAL	shingt 24b. REGIS	STRAR'S SIGI	NATURE	
The S, H	. Hines Co	0.,29	901 14th	wash St. N	H.V.	ATEJUN			hung & to	and.	

danco			
00070	HEATE OF SEATH		
			- darenino
	E		THE THE RESERVE
	.V. tarity - 21-7187	Almoi de	
	100		AND STATE
	at 8881 ar endared	V	.5_di ≈Cons⊑
			ionsout for
	dondredank name		more and that the time is
	- Million B. Scott 7315 18	0.0	
	aro Vitaggi - Joseph	Des exite	
THE LANG	The second second	*	
		Lagrand II	· 大大 大
	MILL September 1518	c equality	and and the same and the same and the
	Section of the sectio	MAIT MES,	the s. A. Mass Co.

2

00

puo

physician

ottending

ò

gned

been si

S

Pe prior DIRE

O FUNERAL DIRE

10

VS A15 (4) 15M 9/55

O HOSPITAL

physician

attending

	ENT OF HEALTH-BALTHMOKE	MARTIANU STATE DEPARTA	
\$1000 p.s.	ATE OF DEATH		
	The second secon		N constant
		Same I was	
did de la lace			
	man a comment	EAST EN HAND	
		Daniel Daniel Chie	
11.55		DEAN SOUTH	
			Constitute and the second seco
11/10/11/20		AND THE	CA I TO STREET
	Machine access no was		
	CALLOS AND CARD IN THE CONTROL OF	of the second se	Marylman A. P. Marylman and Marylman
Carrie of	24 8 M 374	Cart Tradeside	John James
	Ch/ 5 = 5 1/42	ATTENDANCE OF THE STATE OF	- // Manual
			CHE TEST DISCUSSION OF

٠

F.

7022 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07008

			. 00
Rea	Dist	No	215

a. COUNTY Montgomer	y		MARYL	AND	o. STA	TE	E (Where dece		b. COUNTY	on: Residenc	e befor	e admiss	ion)
RURAL ond give ne	f outside corporote lime egrest town) (Rural)	its, write	c. LENGTH OF STAY I		c. CIT		V (If outside co		limits, write RI	URAL ond gi	ive nea	rest town	1) /
OR INSTITUTION	AL (If not in hospitol, all Hospital)					REET ADDRE		S.E					IDENCE FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	Fi		Middle		CTD TO	Last DT EID	4. DA		Moni Jun		Day		Year 1959
5. SEX	Ado.	-	(n) RIED NEVER MARRIED	D B	DATE O	DLER	0.0		AGE (In years	IF UNDER 1	YEAR		
Male	White	WIDOW		_			1881		lost birthdoy) 77 yrs.	-	Days	Hours	Min.
10a. USUAL OCCUPATIOn during most of work U.S. Mari	cing life, even if retired	done 10b.	KIND OF BUSINESS OR Government	INDUST	RY 11. B	Ohio	(State or foreig	gn count	Iry)		S.	WHAT	OUNTRY
13. FATHER'S NAME	ne oorpa		dorcz imicaro		14. MO1	THER'S MAIL	DEN NAME				•0•		
William S	EIDLER					Wilhe	elmina	KOP	LIN				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	IN	FORMAN				Addi	ress			
	1900 to 19			(Wi	fe)	Nora	P. SEI	DLE	R Same	as #	2		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which (b) mmediate (O C	ine for (a), (b), and (c).]	5 in	filis	fici	eney				ONS	RVAL BEET AND	DEATH
ICATIO			CONTRIBUTING TO DEA							EN IN PART	1(o) 15	. WAS	AUTOPSY PRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED.	(Enter no	oture of inju	ry in Part I or	Port II	of item IB.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. I While at wo	Not while			JURY (Home , office bldg		(City or	town)	(Ca	ounty)		(Stote)
alive an 5	at I attended the June 7. Galuc .G. GALBRA	19	sed fram 5 Jun 59 , and that o	death (.D. U•	d at 10:	30AM fro Address val Hos	om the s (Street	1959, causes and city or town, al, Bet	d an the stote) hesda	date Md .	stated DAT	abave signed 559
220. BURIAL, CREMINIO REMOVAL (Specify) Burial		DF /5-9	22c. NAME OF CEMEN					ing	N (City, town, c		rgir	(Stot	e)
Lee's 4th	and Massacl	uset	its Ave N.W.	Was	hing		REC'D BY RE	GISTRAF		STRAR'S SIG			

iely filled in by the funeral dire Pages 1 and 2 shauld be filed

remave carbon papers. the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs Then please

certificate has been signed by the attending physician and cam SICIAN: The law requires that the death certificate be execute may be retained by the hasp. Or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit.

VS A15 (4) 15M 9/5B

HIASE TO MADRITUDE

r

in out a money such a second a formation A THE STATE OF THE (E) The Land Temporal E Service A Chemical Company of the Common ILLES X BENEVALUE IN Course of the Co The state of the s and the contract of the contra man and compared with the compared to the comp E Continue of the Continue of A.O. ON THE SERVICE SERVICE STATE OF THE SERVICE STATE SOUNDS SERVICE SERVICES SERVI similarly become

The professions And swe are automorphism one with a less

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside exporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? alrlan YES NO TO NAME OF Middle 4. DATE Yeor DECEASED Seligson June 30 (Type or print) DEATH 10.5 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Male WIDOWED A DIVORCED T YES. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? la a pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work p. m. of work Core 2919 59 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 9 45AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) SIGNATURE 70 PHYSICIAN'S HULMAN NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BUTIA avid Mem. Garde 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ciriling S. Krous DATE 15M 9/55

	HEADER OF DEATH
	MAY CAR DOWN TO BE SHOWN TO SEE STANK
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	A STATE OF
	A TO SELECT OF THE RESIDENCE OF THE PROPERTY O
	The second state of the second
with still comment of the still layer said	
with state of the second of the second state o	

FOR STATE HEALTH DEPT. Page

of Health, files.

If any delay is necessary to the funeral did y be retained for your with the State Board of

MINAR: This certificate should be executed within 24 hours after death. If any delay is the word "pending" in penal in Item 18. Give Pages 1, 2, and 10 the funer of the word "bending in penal in Item PM3. Page 1, 2, and 10 the funer PM3 have been a burial-transit permit. File pages 1 and 2 with the State prior to burial, cremation, or removal, and is any event within 72 hours after death.

7024

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S, CERTIFICATE OF DEATH

07010

100M 1 111M024) 0-	Reg. Dist. No.
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Montgomery MARYLAND	o. STATE Florida b. COUNTY Dete
b. CITY OR TOWN (If autide of porole limits, write RUIAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
and give negret fown	Car D 0 7 11843
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
228 Showing in private hom	ON A FARMS
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print)	herrill DEATH 1 2 1959
SEX 6. COLOR OR RACE 7- MARRIED NEVEL MARRIED 1 B.	DATE OF BIRTH 9. AGE In years IF UNDER 1YEAR IF UNDER 24 HIPS.
	log bighdayl Months Days Hours Min.
male white WIDOWED DIVORCED .	12-29-1883 15 yn.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY
It Cal M.S. G returne	ala U-SE
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A. 1.	Account was a second
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NORMANT Address
Yes, no, or unknown) [If yes, give war at dates of service]	NFORMANT Address
yes WW # 1&2 218-24-0896 /	lable Skerrill (wife) Flem 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL DETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C browary	Reclination a delin
1/20/	Junious
000.0	
Conditions, if ony, which (b)	
(o), staling the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.	PERFORMED?
D CATERIAL CALLE WAS LOND TO SECOND HOW AND CONTRACT OF	YES NO IX
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC focts Hour a. m.	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	
opinion death resulted from: Notural couses KI, Accident [, Suicide, Undetermined manner
SIGNATURE Trank & Broschart	M.D. CHIEF MEDICAL EXAMINER D
SIGNATURE STEELS	ACCICTABLE AUTHORAGE EVALUATION FO
EXAMINER'S PLAINIT PLAIN	13-54
NAME (Type) - ANK J. 13 toschzut	DEPOSIT MEDICAL EXAMINATE (2)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, fown, or county) (Stole)
Rurial 6/5/59 Arlington Nat	t'l Cemetery Arlington, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
WARNER E. PUMPHREY, INC. SILVER SPRING	G. MARY DATE JUN 5 '59 Orlland & Kraus

or its designated agent, execute the cer se, v 4 shauld be forwarded TO FUNERAL DIRECTOR: VS. A15ME 5M 2/57

01070	ATATO TO STADISTRED ZEEDIMAX	14210EM 186
	5	
	P Registronia Landina	
		POTENTIAL TO SERVICE THE SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE STA
		Of the property of the second
	Different some time and the second	
	El the skip to magnifical and value of the skip to the	STATE OF THE STATE

= 000 puo physician attending requires that the by been signed moy be retained FUNERAL DIRECT HOSPITAL 0 0 VS A15 (4)

Page

15M 9/55

of tell to the little of the l		
	(
	A LOCALIDATE	
	ACCESS TO S	
	First Parket	THE RESIDENCE OF THE STATE OF T
		Or pure the second of the second
The Charles		
	The state of the state of	AND ADDRESS OF THE PARTY OF THE
Rochine hd 61.		The second
38 hpw.		

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEMARYLAND b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Bethesda**
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS 4342 Montg. Ave. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Fthe! White	5 m th death June 6 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years least birthday) Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	beorgia W.S.
Makatak White	Willie Sewell
15. WAS DECEASED EVER N U. S. ARMED FORCES? (Yes, no. or unfation) (Iff yes, give wor or dotes of service)	Villie White Smith mortganery But
1B. CAUSE OF DEATH [Enter only one cause per lim for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	femanhae interval Between ONSET AND DEATH
443 X DUE TO Canditions, if any, which)	
gove rise to immediate couse (a), stating the under-lying cause lost. (b) DUE TO Arking Scleratic	hypertensine Carolio rascular clinence
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 1B.)
	ACE OF INJURY (Hame, form, 20f. (City ar tawn) (Caunty) (State tory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 144.	19.59, to June 6 , 19.27, that I last saw the deceased
alive an Sunt 6, 1957, and that death	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNET
SIGNATURE GOLDWINANA	M.D. Note: this patient has been known to our
PHYSICIAN'S NAME (Type)	Office and unto the case of my associate Dr. T.
2019 TAN S IR TANATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
Burial 6/10/59 Thomson. Ga	a.Cem. Thomson, Georgia

eath. Poge 4

tely filled in by the funeral director, Pages 1 and 2 shauld be filed with

Then please remave carbon papers. after death the registror priar to buriol, crematian, or remayal, and in any event within 72

YSICIAN: The low requires that the death certificate be execu certificate has been signed by the attending physician and ca. e as the buriol-transit permit. Then please remave carbon pap

may be retained by the hast
TO FUNERAL DIRECTOR: After
page 3 shauld be detached for TO HOSPITAL OF VS A1S (4) 1SM 9/58

SIBVII			
Terakoj dost			100 m
	stand lot		
	orthogeness Sees All Sees		
			PU
	La California y San	The state of the s	
	Participation of the Participa		

within 24 haurs at

7027 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07013

		02.11.11.0	0			Reg. Dist. N	0.
1. PLACE OF DEATH			2. USUAL RESIDENCE (V	Vhere deceased		n: Residence be	fore admission)
a. COUNTY	TGOMERY	MARYLAND	o. STATE	LAND	b. COUNTY	MONTE	OMERY.
b. CITY OR TOWN (If	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside carpor	ate limits, write RL	RAL and give n	earest town)
RURAL and give ne	SPRING	9 YEARS.	. 56 SILVE	R 501	RING		
OR INSTITUTION	AL (If not in haspital, give street		d. STREET ADDRESS		ROAD	· .	e. IS RESIDENCE ON A FARM?
1908	GLEN ROSS RO	AD.	1908 GLE	W Ross	KOM		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont		Day Yeor
(Type or print)	HARRY	ELBERT	: SMITH	DEATH	JUNE		1959
5. SEX	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED			9. AGE (In years last birthday)	Months Days	R IF UNDER 24 HRS
MALE	WHITE WIDOWI	ED DIVORCED	July 16, 1	FF6	72 XXXYII.	Munins Days	mours min.
during most of work	DN (Give kind of work done 10b. ing life, even if retired)		4		ountry)		OF WHAT COUNTRY
13. FATHER'S NAME	IAN IN	aval Gun Fact	14. MOTHER'S MAIDEN				
	MUEL SMI	''' ' /			e CLII	ST	
				07716			
	R IN U. S. ARMED FORCES? 16. If yes, give wor or dates of service)		INFORMANT		Addre	255	SILVER
NO	702.11.31	NONE.	ARS. EVA SMIT	14 190	8 GUENKS	15 KD.	SPRING,
18. CAUSE OF DEA	TH [Enter only one couse per li	ne for (a), (b), and (c).]		4		IN	TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	CONGESTIVE	HEART FA	ILURE			2 487135.
420.1	DUE TO				Muo	CAR DIAL.	
Conditions, if or	ny, which) (b)	ORONARY A	KTERY DIS	SEALE !	AND DE	HOULA	240ARS
gave rise to in	nmediate DUE TO						
lying couse last.	he under-	CORONARY A	LTHEROSCLE	Rusis		2	LYEARY.
	IER SIGNIFICANT CONDITIONS				CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WA	S UNDERLYING 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	n Part I or Part	II of item 18.)		
20c. TIME OF INJURY	While		PLACE OF INJURY (Home, fo factory, street, office bldg., e	etc.) 20f. (City	ar town)	(Count	y) (State
Hour o.m.		rk ot wark		1			
21. I certify th	at I attended the deceas	ed from SEPTe	1954 to 0	TUNE &	1959	that I last se	aw the decease
	TUNE 5 19-	59_, and that dea	th accurred at 5-25	AM fram	the causes an	d on the do	ite stated above
direc on		, and mar aca	m accorred al_02		reet, city or town,		DATE SIGNE
ACTUAL SIGNATURE	amesa. Ro	heits	M.D. 8907	GEORG	I'A AUG	NUE	JWE 5,19
PHYSICIAN'S NAME (Type)	TAMES A. C	COBERTS	sico	GR SP	RINGIA	nD.	
220. BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY			TION (City, town, o		(State)
Burial	6/8/59	Prospect Hi			RAR 24b. REGIS		TURE
23. FUNERAL DIRECTOR'S	PUMPHREY INC.	Silver Sprin	ng, Md.	IN BA REGIST	9" 2" 600	1100 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACCOM.

O FUNERAL DIRECTOR: After Mis certificate has been signed by the attending physician and camprel page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs affer death. Mrsician: The law requires that the death certificate be executed or attending physician. may be retained by the hasp TO FUNERAL DIRECTOR: After the hasp TO HOSPITAL OR VS A15 (4) 15M 9/5B

A HE WAS THE Sant County of STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. THE STREET STREET STREET STREET the second and the second of properties recentled for the 17/20 asserted the second secon TABLE ATT TRACET HAVE STORED BIRSV S when a first the comment of the second Charles Company of the production of the company of 12th - Democratic in the state of the state Control of the second of the s The state of the s N

VS A15 (4) 15M 10/57

7028 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

07014

o. COUNTY		182	MARYLAND	a. STA	TE	here deceased	d lived. If instituti b. COUNTY			e admiss	ion)
b. CITY OR TO	1ERY DWN (If autside carporat give nearest town)	e limits, write	c. LENGTH OF STAY IN 16		OR TOWN (IF	autside carpo	rate limits, write F	TGOME URAL and		rest town	1)
OLNEY	give nearest town)		1 DAY	X DA	MASCUS						
d. NAME OF I			oddress)	d. STI	REET ADDRESS						FARM?
	RY COUNTY (ENERAL	HOSPITAL	II RI	DGE ROA	D				YES [X	NO 🗌
3. NAME OF DECEASED (Type or print)		First	Middle E117	ABETH	SNAPP	4. DATE OF DEATH	Mar Ju		Day		Year 19 59
5. SEX			HED NEVER MARRIED				9. AGE (In years	IF UNDER	LYEAR		,
FEMAL	E WHIT	E WIDOW	DIVORCED	6/9/	91		last birthday) 67 yrs.	Months	Days	Hours	Min.
10a. USUAL OCC	UPATION (Give kind of a working life, even if re	wark done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BI	RTHPLACE (Stote	e or foreign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY
L L	OUSEWIFE	cined)			VIRGINI			U	ISA		
13. FATHER'S NA	WE			14. MOT	HER'S MAIDEN I	NAME					
JAMES					IDA E.	GRANB	STAFF				
IS. WAS DECEAS	EDEVER IN U. S. ARMED		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress			
No	(11 /42, 910 110 01 01			HOSPIT	AL RECO	RDS.		OLNEY	. Mn		
	OF DEATH [Enter only o	one couse per lir	ne for (a), (b), and (c),)	11001	NE KEGO	Wa A		CENET		RVAL BE	TWEEN
	I. DEATH WAS CAUSED	BY:		1	1	1	2.1.	1	ONS	ET AND	DEATH
11:5	IMMEDIATE CAL		my low		-		nen	_	16	de	40,
		JE TO	1/20	1.	aren.	11.	4 10		1	7.	1
	to immediate	(b)	aura s	une	ne!	rea	W Dec	un.		Jes	4
	toting the under-	JE TO							0		->
lying cause		(c)									
Z PART	II. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEATH B	UT NOT RELAT	ED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19	. WAS A	AUTOPSY
PART PART	Dint	ells	melle	res	£**	Uses	us			PERFO	RMED?
20a. ACCIDE	NT WAS UNDERLYING [UTING CAUSE OF DE IOTIFY MEDICAL EXAMIN	ATH	CRIBE HOW INJURY OCCUR	RED. (Enter no	ture of injury in	Part I or Part	11 of item 18.)			165	140 22
-	INJURY Month, Day	,	NJURY OCCURRED 20e.	PLACE OF INJ	URY (Home, farm office bldg., etc	m, 20f. (City	or tawn)	(County)		(State)
WE	p. m.		d of work		3,,						
21 L certi	fy that I attended	the decease	ed from Man	7 10	540	gran.	1 10.5	-/h-1	Last		1
alive an	A director	nie deceds	-0	/ 1/.	3.15	D					decease
dive dil_	7	, 190	, and that dea	th accurre	d at 2: 12	!_M, fran	n the causes o	ind an t	he date	e state	d abave
ACTUAL	1/01/	1.1.	me-le.		051	ADDRESS (SI	reel, city or lawn.	sigle)	1 .	DA	TE SIGNES
ACTUAL SIGNATURE_	fain	row		_M.D	Sunt	July	lan	14-		6-	1-
PHYSICIAN'S				-		12.5		,,-	-	`	39
NAME (Type	J. SCHU	ACHER.	M. D.		GAL	THERSE	URG. MAR	YLAND			/
220. BURIAL, CRE		RECOF	22c. NAME OF CEMETERY	OR CREMATO			TION (City, town.			(Stote	:)
Burial		2.1959	Damaso	us Me	th	_				15.5.6	
	CTOR'S SIGNATURE	~ ++	ADDRESS	TO DIE		'D BY REGIST	RAR 245 REGI	STRAR'S SIG	GNATUR	F	
()	. T. Moli	swell	Damascu	s. Md				Thung 8.			
- 600	()			,	DATE	ALA A	0	A.	/ Vlass	~	

33 645 111 Arena the majority, a settle usual TEACHER AND LESS AND Charachi Lordanashi ing Languaga Langua The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTICICATE OF DEATH

07015

•	040		CERTIFICA	AIE OF DEAI	П		Reg. Dist	t. No.	
1. PLACE OF DEATH 6. COUNTY Montgomes	CY.		MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland	Where decease	b. COUNTY		e before o	dmission)
	If outside corporate limits, w	rite c. LENG1	TH OF STAY IN 16	c. CITY OR TOWN (II	f outside corpo	orote limits, write R	URAL ond g	ive nearest	town)
Bethesda	corest toxing	1	29 days	Baltimore	6.		03x	. 2	
OR INSTITUTION	TAL (If not in haspital, give s			d. STREET ADDRESS	7				S RESIDENCE
3. NAME OF		Bethesda			ome Roa				ES NO X
DECEASED (Type or print)	First	9	Middle	Last	4. DATE OF DEATH	Mor		Doy	Year
S. SEX	Danie 6. COLOR OR RACE 7.		Jacob	Staup	DEATH	Utti		10,	19 59 UNDER 24 HR
20.00			EVER MARRIED	B. DATE OF BIRTH	-01	9. AGE (In years lost birthday)	-		ours Min.
Male	1111100	DOWED [DIVORCED [January 6,	1906	53 yrs			
during most of work	ON (Give kind of work done king life, even if retired)			STRY 11. BIRTHPLACE (Sto	te or foreign o	country)	12. CITIZ	ZEN OF W	HAT COUNT
Welder &	Plumber	Mainte	enance	Mary	yland			U.S	.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Alex Star	ip			Susan Wil:	son				
	R IN U. S. ARMED FORCES?		CURITY NO. 17.			Record Add	ress		
Yes	WW TI		7-0929 TI	ne Clinical (Marv!	land
	ATH [Enter only one couse			· · · · · · · · · · · · · · · · · · ·	JCHOGI.	Doublesd	St		AL BETWEEN
1	TH WAS CAUSED BY:	MAL O	NANT	MOLANIC	AAM				AND DEATH
1909	IMMEDIATE CAUSE (o)	17/11/9	141/1/1	TICIAIVE	MAL			17	can 4
110.1	DUE TO							41	6 mos
Conditions, if o									
couse (o), stoting									
lying couse last.) (c)								
PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED? S NO [
20a. ACCIDENT WA	AS UNDERLYING (1) 20b. (20b. (. DESCRIBE HOV	V INJURY OCCURRE	D. (Enter noture of injury in	n Port 1 or Po	rt II of item 18.)			
		20d. INJURY OC	CITERED 20e PI	ACE OF INJURY (Home, for	rm 206 (Cit	y or town)	15		164-1
Hour o. m.	V	While Nat	whilefo	ctory, street, office bldg., e	tc.)	y or lown,	(C	aunty)	(Stote
p. m.	19 0	t work at wo	36						
	ot I attended the de				June 10		.,that I k	ost saw	the deceo
olive on Jur	ne 10	19 59	ond that death	accurred of 12:2	25AM, from	m the couses o	and an th	e date s	stated aha
0	1	1-10		•		itreet, city or town,			DATE SIGN
ACTUAL SIGNATURE	What.	1901	KIKH	The Clini	ical Ce	enter		6	/10/59
31014ATORE		1	4	National		tutes of	Health	1	
PHYSICIAN'S NAME (Type)	Arthur T. Ter	olitzky,	M. D.	Bethesda	21 25	aryland	-1000		
	N, 22b. DATE THEREOF		ME OF CEMETERY O						
PEROVAL (Specify)	1-17 10	en I	DOL 2	K CKEMATORT	220. TOCA	JUON (City, town,	or county)	7	(Slote)
FUNERAL DIRECTOR	C CICNATURE	14 KNO	(1) 1 /U	Milana	15	allo.	15	Me	
TUNEKALDIKECTOR	5 SIGNATURE	ADD	0671	11 1	C'D BY REGIS		STRAR'S SIGI		
Joren 6	1 Jugger -	50006	12 XICH	The DATE !	IIIN 1 2 '	59 a	Muy S.	Through	

oth: Page 4 ly filled in by the 18 heral director, Pages 1 and 2 shauld be filed with PHYSICIAN: The law requires that the death certificate be executed the attending physician and cam the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death certificate has been signed by as the burial-transit permit. page 3 shauld be detached for TO FUNERAL DIRECTOR: After TO HOSPITAL OR, VS A15 (4) 15M 10/57

05

CERTIFICATE OF DIABITE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7030

CEPTIFICATE OF DEATH

*000	CERTIFICA	ALL OF PLATE	Reg	Dist. No.
I. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where decease a. STATE		idence before admission)
MONTGOMERY	MARYLAND	MARTLAND	b. COUNTY	ONTGOMERI.
b. CITY OR TOWN (If outside carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		
RURAL and give nearest town) SILVER SPRING	8 YEARS	56 SILVER	PRING	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
10617 ORDWAY DRIV	15	10617 ORDU	VAY DRIVE	YES NO
NAME OF DECEASED (Type or print) First	Middle	SIEVENSON DEAT	Month JUNE	Doy Year
SEX 6. COLOR OR RACE 7. MARE	RIED . NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
FOUALE WHITE WIDOW	ED DIVORCED	JAN. 21, 1885	lost birthday) Mont	hs Doys Hours Min.
o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTR
HOUSENIFE	own home	IOWA.		U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
WM. A. SEWEL	4	EDNA WIL	LIAMSON	
(s), NO, OF UNKNOWN) I I I I YOU I OF UNKNOWN) I I I YOU YOU YOU YOU I YOU		NFORMANT	Address	
Yes, no, or unknown) (If yes, give wor or dates of service)	- D+	HE STEVENSON	AS ABO	VO
18. CAUSE OF DEATH [Enter only one couse per li	ne far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	PARKINSON	DISEASE		ONSET AND DEATH
350 X IMMEDIATE CAUSE (o) DUE TO	1/2/10/2010			10 7 011
	*			
Conditions, if any, which (b)		-		
couse (o), stating the under-				
lying couse lost.) (c) PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMINIAL DISE	SE CONDITION CIVEN IN	BART I(-) 10 WAS AUTORY
PARI II. OTHER SIGNIFICANT CONDITIONS				PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Po	ort II af item 18.)	
		ACE OF INJURY (Home, form, 20f. (Ci	ty or town)	(County) (State)
Hour a.m. While of wor		ciory, sireer, ornice blog., etc.)		
21. I certify that I attended the deceas	ed from JAA/	, 1959, to JUNG	= 25 10 CC .L.	t I last saw the decease
alive an TUNE 25 195		occurred at 93 PM, fro		
unve un	, and mar dear		IM The causes and a (Street, city or town, state)	n the date stated abay
actual amos 9. Ro	Docto	0 1		6/25-/
SIGNATURE JULIADE 41 NO	TAND	M.D. 8907 (FEOREIA	TVENVE	0142/2
PHYSICIAN'S JAMES A.	ROBERTS	SILVER	SPRING,	11).
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C		ATION (City, town, or coun	
burial 6/29/59	Fort Lincoln	The second secon	hington, D.	
3. FUNERAL DIRECTOR'S FIGNATURE ey, Inc.	Spriver Spri	ng, Md. 240. REC'D BY REGI		
Raymond a. Ziska		DATE HIN 29	59 Chrima	S. Krains

oth. Page 4 ly filled in by the roweral director, Pages 1 and 2 should be filed with PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after attending physician. may be retained the hospit of attending physician.

TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and compage 3 should be detached farfuse as the burial-transit permit. Then please remove carban papes the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR

VS A1S (4) 15M 9/5S

Lot are as	HTARRED BY		
	S. 1 - H. 2 - L.	and the state of t	
The second second second second			
		THE TANKS OF THE PARTY AND THE PARTY OF THE PARTY OF PERSONS	
		THE PERSON NAMED IN COLUMN TO THE PE	
		2 - 1	
		2 - 1	
		Control of the contro	

ST TOOMITTAG

VS A15 (4) 1SM 9/SB

7031 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

17017 Reg. Dist. No.

1. PLA	CE OF DEATH		2. USUAL RESIDENCE (Where d		Residence before admission)
6. C	MONTGOMERY	MARYLAND	O. STATE MARILLA	ND. b. COUNTY	10NTGOMERY
	ITY OR TOWN (If outside corporate limits, write URAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporote limits, write RURA	L and give nearest town)
	SILVER SPRING	8/2 S YEARS	56 SILVE	R SPRING	
d. N	IAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS	1	e. IS RESIDENCE
	9714 DILSTON ROAD		1 9714 016	STON ROAD	ON A FARM? YES NO 1
3. NAM	ME OF First	Middle	Last 4. I	DATE Month	Day Year
	EASED e or print) CHARLE	ES CLARENCE	STORM	DEATH JUNE	7 1959
S. SEX	6. COLOR OR RACE 7. MAI	RRIED THEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
1	MALE WHITE WIDOV	VED DIVORCED	APRIL 3, 1916	43yrs.	onths Doys Hours Min.
10a. US	SUAL OCCUPATION (Give kind of work done 10b ring most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	AS SERVICE MAN	GAS COMPAN	4 MARYL	AND	U.S.
13. FAT	HER'S NAME - (BY ADOPTION)		14. MOTHER'S MAIDEN NAME		710N)
	STORM, FR	ANK -	6	WENOUNT D	HME STOTT
1s. WA	S DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT	Address	
(Tes, no.	or unknownt Aut (If yes, give war ar dates of service)	577 161188 M	RS. CHAS, STORM	AS ABO	ve.
18.	CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	VENTRICUL:	AR FIBRILLAT	TION	ONSET AND DEATH
	4-20-/ DUE TO				
C	onditions, if ony, which) (b)	CORONARI	y occlusion		3 MONTHS
	ove rise to immediate (1		1 1-10
	ing couse last.	CORONARY	ATHEROSCL	EROSIS	6 MONTHS.
Z	PART II. OTHER SIGNIFICANT CONDITIONS				IN PART 1(o) 19. WAS AUTOPSY
CATION					PERFORMED? YES NO
u. 20c	ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of item 18.)	
	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)				
		INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form, 20	Of. (City or town)	(County) (State)
MEDI	Hour o. m. 19 While of we	e Not while fo	octory, street, office bldg., etc.)		
	. I certify that I ottended the decea	red from FEB, 27	1059 to . Till	105916	of I lost sow the deceased
			occurred of 7.4-SAM,	f +	of the data stated above
	170	, ond mor deon		RESS (Street, city or lown, stat	
AC	TUAL Damesa. Ro	rleuts		ORGIA AVEN	
SIG	NATURE James W.		M.D. 8907 GE	NOTA ITTO	50000
	YSICIAN'S JAMES A. R	COBERTS	SILVER	SPRING, A	1D.
	RIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d.	LOCATION (City, town, or co	ounty) (Stote)
Bu	MOVAL (Specify)	Fort Lincoln	Cemeterv	Prince George	Co Maryland
23. FUN	HERAL DIRECTOR'S SIGNATURE PUMPHEY, Inc.	Silver Sprin	24a. REC'D BY		Co. Mary land
a	symend A Ziska	oriver obtin	DATE JUN S	759 arch	-1 S. Kraus
No.					

and the first transfer of the contract of the contract of the contract of A PERSON OF THE STATE OF THE ST 6892 **CERTIFICATE OF DEATH** 07018 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgonery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. STATE flangland b. COUNTY llangland packed
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest towh) 1 a Karra Park 2 / 4carr	c. CITY OR TOWN (Woulside corporate limits, write RURAL and give pearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5/4 Tulip ane	1 d. STREET ADDRESS 5 14 Tulip ave 9. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BURDETTE FRANKLII	V SWAN 4. DATE Month Doy, Yeor OF DEATH 6 4 1959
5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 13 76 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lly hold lever Ushals terior	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Michigan G. S. A
13. påther's NAME Franklin W. Swan	14. MOTHER'S MAIDEN NAME Hiefe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If yes, give wor or dates of service 579-44-351/ //	NFORMANT LAWSEN, 514 Tulip ave, Takoma Pe
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	Chouchopulumania Interval Between ONSET AND GEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Conditions, if ony, which gove the course of the underlying couse to the underlying couse lost.	l'arteriosclerosis 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
OR CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the control of the c	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I attended the deceased fram april 1 alive an 4, 1954, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type)	17, 1959, to Justic 4, 1959, that I last saw the deceased of accurred at 10 40 p.M., from the causes and an the date stated above ADDRESS (Street. city or town, stote) ADDRESS (Street. city or town, stote)
226. BURIAL CREMATION, REMOVAL (Specify) LUCC 6, 1959 SULLED WASH	OF CREMATORY POLOCATION (GRY town, or country) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	N. LC DATEJUN 8 159 246 REGISTRAR'S SIGNATURE Chilms S. Thans

ely filled in by the Ponerol director, Pages 1 and 2 should be filed with oth: Poge 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft most reference of the hospital and other distributions and companies of the control of the contr TO HOSPITAL OR

	HTABO TO STADERTHO SEATH						
Ed Clar	page 18 (deltr)						
	A BAR N SAN						
		Days in the Days					
	A STATE OF THE STATE OF						
		Contaction of money and	Captains Age to 10,000 to 3				
			THE RESIDENCE OF THE PROPERTY				
			OF SEC.				
		AN OUT OF STREET					
		The Section of the Se					
			Multi-oxygo all places				

3,50

10.552

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

07019

hr

		C
Disa N		

		-				Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY	ontgomery	MARYLA	2. USUAL O. STATE	Maryle	ere deceased lived	If institution: R	Residence before add ontgomer	nission)
b. CITY OR TOWN RURAL ond give Olney	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY IN 8 Hr.		or town (If o	_	nits, write RURA	L and give nearest t	own)
d. NAME OF HOSP OR INSTITUTION Montgomer			/d. STRE	R.F.D.	#	2	OI	RESIDENCE NA FARM? NO
3. NAME OF DECEASED (Type or print)	Emma Emma	Jane Middle	Taylor	Last	4. DATE OF DEATH	June Manth	19 ^{Doy}	Yeor 1959
S. SEX Female	White	MARRIED NEVER MARRIED	NOTE		881 9. AG	birthdoy) Mo	Onths Doys Hou	-
10a. USUAL OCCUPAT during most of wo Housev	ION (Give kind of work dor brking life, even if retired)	ne 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIR	Mass.	or foreign country)		U. S.A.	IAT COUNTRY
13. FATHER'S NAME	njamin S	chofield		er's maiden n arriet	Lee			
15. WAS DECEASED EV	'ER IN U. S. ARMED FORCE: (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO.	Mrs. U	lysses	Griff	Address 1 th	Same	as 2
Conditions, if gove rise to couse (o), stoting lying cause lost	immediate DUE TO the under- (c) THER SIGNIFICANT CONDIT	Acute upper	H BUT NOT RELATE	D TO THE TERMI	NAL DISEASE CON	DITION GIVEN I	IN PART 1(a) 19. WA	REORMED?
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	iosclerosis, b. DESCRIBE HOW INJURY OCC	URRED. (Enter notu	1 ectas re of injury in F	ort t or Port II of	ertens ilem 18.)	ion 165	□ мо-Б
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while of work ot work	Oe. PLACE OF INJU factory, street, o	RY (Home, form, iffice bldg., etc.	20f. (City or tov	vn)	(County)	(State)
4-	that I oftended the dane 19		leoth occurred	12:31	ne 19 PM, from the ADDRESS (Street, c Street	couses and	not I last saw th an the date st e)	ne decease ated abov DATE SIGNE
	.F. Meador				cus, Ma			
Burial (Specify	June 22		ERY OR CREMATOR		Scrant	on	I	enn.
23 PUNERAL DIRECTO	- 63 - 1	Laytonsville	. Md.		D BY REGISTRAR IUN 2 3 '59		R'S SIGNATURE	

the registrar priar to burial, crematian, page 3 should be detached for may be retained a

TO FUNERAL DIRECTO TO HOSPITAL OR VS A1S (4) 1SM 10/57

ly filled in by the tuneral director, Pages 1 and 2 should be filed with

th. Page 4

within 24 hours after

SICIAN: The law requires that the death certificate be executed

ertificate has been signed by the attending physician and camt as the buriat-transit permit. Then please remave carbon pape ion, ar remaval, and in any event within 72 hour after Yeath.

(1040 Star	CATE OF HEALTH - NALTHWO	THE RESERVE OF THE PARTY OF THE	
Version and I	A STREET OF STREET	Aurica Commission of the Commi	51257
	u pravjerati 140 4 1		
	[Endiqued Local Co. Pro	
eas St. and	A TOUTH	enst assault	
		The same of the sa	J still
	20.00	and the second second second	
	eed delevens	Afelicand nimeture	
Fre mont I de	Art. Diverse Danielt.		SH
THOSE TO BE TO	Software, Software, and the software of the so	organis and a second se	a Price

0036	,		Re	g. Dist. No.
1) PLACE OF DEATH o. COUNTY Yn protegomery	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE	ceosed lived. If institution R b. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of		and give nearest town
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION Washington San +	et address)	d. STREET ADDRESS D) 0 X ley	Rd	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Alhert	Tenly Di		Doy Year 20 1959
1 1 1 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired)	Db. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or fore	ign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Albert lenly		Schaff	rer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [If yes, give wor or dotes of service]	6. SOCIAL SECURITY NO. 17.	Ms. Ada D. Ten	ly; same ac	#2
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (o), (b), and (c).	Jemonthage	Rt.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. (b)	Generala	ed allenos	cleusing	
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN II	N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port 1 o	r Port II of item 18.)	
A Hour o.m. Whi		LACE OF INJURY (Home, form, 20f. octory, street, office bldg., etc.)	(City or town)	(County) (Stote)
21. I certify that I attended the dece alive on	ased fram 6/1 57, and that deat	7-2-1-1-1		at I last saw the deceased an the date stated above DATE SIGNET
220. BURIAL, CREMATION, 226. DATE THEREOF PRODUCTION (Specify) Character 23, 195	9 22c. NAME OF CEMETERY OF COLOR HU	OR CREMATORY 229. 1	LOCATION (Gity, town, or compile Glerar G	outy) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ACTURIES WALLUS, 25	4 Carrall Wil	DATE UN 2 2		8. Itma

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often may be retained the hospix of ottending physician.

TO FUNERAL DIRECTOR: After the rectificate has been signed by the ottending physician and come by filled in by the VS A15 (4) 15M 9/55

O FUNERAL DIRECTOR: After Coertificate has been signed by the ottending physician and compage 3 should be detached farfuse as the burial-transit permit. Then please remove caption page the registrar prior to burial, cremation, or removal, and in any event within 72 hours after degith.

ly filled in by the Tanerol director, Poges 1 and 2 should be filed with

07

oth. Poge 4

parties you be a following MOTOR PLANTS AND ministrate access in Pales

7033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO

-)	7	0	2	1
---	---	---	---	---	---

CERTIFICATE OF DEATH

RE,	18	07021	1
	Reg. D	ist. No.	

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest tawn)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		
d. NAME OF HOSPITAL (If not in haspital, giv OR INSTITUTION 9925 Markham S		Silver Spri		e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Lost 4. DATE OF DEATH	Month	Day Yeor
5. SEX 6. COLOR OR RACE 7	Enoch Thompson MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 11/27/89	June 25	19 59 FR 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Printer 13. FATHER'S NAME Joseph Thompson	Wash. Post News		la	U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dotes of serv		NFORMANT S. Margie G. Thomp	Address Oson, 9925 Mai	rkham St.
ICAT		l infant (a		RT I(o) 19. WAS AUTOPSY PERFORMED? YES NO [4
20o. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. P. m. 19	20d. INJURY OCCURRED 20e. PU	D. (Enter nature of injury in Port 1 or Par ACE OF INJURY (Home, form, 120f. (City story, street, office bldg., etc.):		(County) (State)
21. I certify that I attended the dalive an 21 fame. ACTUAL SIGNATURE MURICIPAL SIGNATURE	leceased fram, and that death	, 197 1, to 23 fc accurred at 1140 PM, from	m the causes and an treet, city or town, stote)	last saw the deceased the date stated abave. DATE SIGNED
PHYSICIAN'S William D. A		9006 Colesville		
220. BURIAL, CREMATION, 226. DATE THEREOF TRANS. & BURIAL 6/26/	'59 Mt. Vernon Co		TION (City, town, or county) adelphia, Pen	nsylvania
23. FUNERAL DIRECTOR'S SIGNATURE Y IN Caymond L. Jisk	C. SILVER SPRING	G, MD. 24a. REC'D BY REGIST DATE JUN 2 5 '5		

y filled in by the tuneral director, Pages 1 and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed drifticate has prysticated by the attending physician and camp as the brital-transit permit. Then please remove carbon paper on a removal and in any event within 72 theurs ofter death. may be retained by the haspit.
TO FUNERAL DIRECTOR: After thanks 3 should be detached for

VS A15 (4) 15M 10/57

	HTANG OF DISTRICT OF DIATE	
		THE RESIDENCE OF THE PARTY OF
THE PROPERTY OF THE PROPERTY O		
THE PROPERTY OF THE PROPERTY O		
	Minimum Bibliot to Africano de martini de la companya del la companya de la compa	
The state of the s		
A CHARLE THE HOLD IN A CHARLES THE RESIDENCE OF THE PROPERTY O		
The state of the s		
The second of th		Control of the second
The state of the s		
The state of the s		
The state of the s		
The state of the s		
The state of the s		
Silvering of the control of the cont		
The control of the co		
A CONTROL OF THE CONT		
A CONTROL OF THE CONT		
The state of the s		
A LILLIAN D. AND. I. C. SOUD COLORWAD DE SUI, C. SILVIN SURLEY, D. C. SI		
A STATE OF THE STA		
Participation of the continue		
		CAN CHARLACTER TO THE PARTY OF
	The H. Land H. Land H. Land Committee Committee State State of the Committee of the Committ	
The content of the service of the se		
The state of the s		

Annie Reiter of Memigram to 11.51 19.5, 4. therm to thenfind Willer Elicano & D. Pina Sond, the Sumile of incention Mine wing Since 55 land - 4 sog The willow of the were I Bushed with WHATHAM C. MINHER PRIVERED .

CERTIFICATE OF DEATH 7035 directar, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE filed b. COUNTY MARYLAND Hontgomera b. CITY OR TOWN (If outside/corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) è pluods ethers da d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS tarium-5721 130 NOSMON 2. NAME OF 4. DATE Last DECEASED (Type or print) DEATH clune 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) em4/4 WIDOWED Z DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) none Housewi ain icu 13. FATHER'S NAME MANDEN NAME 14. MOTHER'S red 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Q. f1. While Not while 19 at work at work n. m 21. I certify that I attended the deceased from , 19<u>0</u> 7, to____ 1959, that I last saw the deceased , and that death occurred at 3 24 P M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) ROBERT YOUNG, M.D. ACTUAL 2500 Calvert St. N.W. shauld Washington 8, D. C PHYSICIAN'S NAME (Type 22a. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Washington. Rock Creek 2 23./FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07023

e. IS RESIDENCE ON A FARM? YES NO

Yeor

1955

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stole)

DATE SIGNED

(State)

Days

(County)

Reg. Dist. No.

Months

		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Mary Chamber and Control	
Charles of the State of the Sta		
		THE REPORT OF MANY PARTY AND A STATE OF
on the witten play appropriate processing and only		
		T-AND AFR
		East of Estado Front (Charle City)
		D. Dwine
	de la contrata del contrata del contrata de la contrata del contrata del contrata de la contrata de la contrata de la contrata del contrata del contrata de la contrata del contrata	
The bardy trades of the state o		

VS A15 (4) 15M 10/57

1	K	
ed with	M	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7036

CERTIFICATE OF DEATH

07024

					eg. Dist. 140.	
1. PLACE OF DEATH O. COUNTY Many mery	MARYLAND	2. USUAL RESIDENCE (M	Vhere deceased lived	d. If institution: b. COUNTY	Residence before	odmission)
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Kensington	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li er Spring	mits, write RUR	AL and give mare	est town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Kensington Gar	dens Rest Home	/d. STREET ADDRESS 2324 Semin	nary Road			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Fred erick		UMPOUV	4. DATE OF DEATH	Month	Doy / 7	The 19 5
5. SEX Made 6. COLOR OR RACE 7. MAR WIDOW	PED DIVORCED	B. DATE OF BIRTH	870	88 yrs.	UNDER 1 YEAR II	Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLVII Engineer	. KIND OF BUSINESS OR INDUS	Pennsyl)	12. CITIZEN OF	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	Marine Land			
Frederick W. Trumpour			a Machey			
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. or unknown) Spanish and forces? Spanish Amer.		S. William D	avis, 270	O South	ington R	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	Cerebral Generaliza	Artery Artery of Arte	Scler Scler	ubosis osis erosis	ight sintel onse	YNS - YNS
PART II. OTHER SIGNIFICANT CONDITIONS O' rci n ma o 200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Prostate;	Pneun	nonia /	o days		WAS AUTOPSY PERFORMED? (ES NO [
	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Part II of	item 18.)		
Hour a.m. White		ACE OF INJURY (Home, far tory, street, office bldg., et	m, 20f. (City or to	wn)	(County)	(Stote
21. I certify that I attended the decease alive on 14 June 195 ACTUAL SIGNATURE Aparture PHYSICIAN'S Merton L. White	white	occurred at / 15	A.M., from the ADDRESS (Street, c)	causes and		stated aba DATE SIGN AND SPYING
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) CREMATION 6/18/59	22c. NAME OF CEMETERY OF		22d. LOCATION (ounty) OUNTY, M	(Stote)
B. FUNERAL DIRECTOR'S SIGNATURE EX. INC.	SILVER SPRING	24a. REC	JUN 2 3 '59	24b. REGISTRA	AR'S SIGNATURE	

11., 27. 3.	CERTIFICATE OF DEATH.	
	and the second second	
	ACS	
	ryminos para linos para l	umin had made in the control
	and the second second	
	, ,	Servery of Call Const.
		gand of the
		reportments on the site of the
to the first state of the state	1998年11日 11日	A STATE OF THE STA
· ·		
and the second section of the		
to the state of th		
THE STATE OF THE STATE OF THE		A THE PART OF THE
Per XIV		Marie Partie Alle
(101) 17 (2) 10 D HOHA	THE THEOREM IN THE PARTY IN	

ADDRESS

24g. FEC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

aribur & Kinet

VS A15 (4)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15M 10/57

MARYLAND ST	TATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
-------------	-----------------	------------	------------	----

07026

7037 CERTIFICATE OF DEATH

Reg. Dist. No.

	ntgomer		MARY	LAND	a. STATE	MARYL		l lived. If ins b. COU	NTY	Residence to		ission)
RURAL and give n	If autside carporate limi earest tawn) ER SPRING	s write	75 years	IN 1b	c. CITY OR 1		R SPR	rate limits, wr ENG	ite RURA	L and give	nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g HARDING LA		ddress)		d. STREET A		NG LAI	VE			ON	A FARM?
3. NAME OF DECEASED (Type or print)	PEARI		Middle N e	+	URNE	- 0	4. DATE OF DEATH		Month JUNE		Day 5	Year 19 5 9
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIE	D NEVER MARRIE	- 6	18/84	Н		9. AGE (In yolost birthd		under 1 Ye		DER 24 HRS. Min.
10a. USUAL OCCUPATION during most af war HOMEMAKER	king life, even if refired	lane 10b. Ki	OWN HOME	R INDUSTR		ACE (Stote of		ountry)		U.S.		T COUNTRY?
JOSEPH HA	RDING			35	JOS		AME E REYI	NOLDS				
1S. WAS DECEASED EVE (Yes, no of unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of se		NONE		ormant S. Ster	ling !	Turner	, 1304	Address Ha1	rding	Lane	
Canditians, if a gove rise to i couse (a), stating lying cause last. Part II. OTI	mmediate (G	ENERA			M THE TERMIN	PT/	ASTA CONDITION	5/5	IN PART 1(c	a) 19. WA	S AUTOPSY ORMED?
PART II. OTH	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRED. (Enter nature of	f injury in P	art I ar Port	II of item 18	.)] NO []
	Y Month, Day, Yea	while	Not while	20e. PLACI foctor	OF INJURY (I y, street, office	Home, farm, bldg., etc.)	20f. (City	or town)		(Cour	(עזר	(State)
21. I certify the clive on	TOHN	deceased, 19 5		death o	ccurred at	4:00	M, from	the causereet, city or to	es and	on the	date sta	e deceased led above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	6/8/59		22c. NAME OF CEME HARDING ES			CEME		ION (City, to				ote) MD e
23. FUNERAL DIRECTOR WARNER E RAYMAN	S SIGNATURE PUMPHREY	INC.	ADDRESS SILVER S	PRING	, MD.	240. REC'D	BY REGIST	RAR 246. 1		Lug S. 1	4 .	

HITAEO PO ETADRITRED EDT
THE STANCE TO STAND STANDS AND STANDS
TO LINE WHEN THE PARTY OF THE P
Section and the Control of Contro
A PERSONAL DESCRIPTION DE LA PROPERTIE DE LA P

Rea. Dist. No.

p gned ite has been sig burial-transit p physician. to

0

REMOVAL (Specify) Burial

DATE JUN 2 9 '59 Orthur S. Kraus

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY MONTGOMERY b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CHEVY 9'CHASEWII) 7 yrs. Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street oddress d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 4226 East-West Highway YES NO NO 4226 East-West Highway 4. DATE OF DEATH NAME OF Middle Month Day Year DECEASED RICHARD (Type or print) E. WENZEL 19 59 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years dast birthdoy) Male May 27. 1888 WIDOWED [DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.-Naturalize Germany Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown INFORMANT WITE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Same as Item#2 Mary Virginia Wenzel No 579-34-3566 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INILIRY Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work une 195 Ithat I last saw the deceased 21. I certify that I attended the deceased fram alive an and that death accurred at 6 5 M, from the causes and an the date stated above. ACTUAL LOY SIGNATURE / N.W. Washington D.C. PHYSICIAN'S GEORGE W REEVES NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Lincoln Cemetery Prince George Wounty, Md. 23. FUNERAL DIRECTOR'S SIGNATUR 24b. REGISTRAR'S SIGNATURE Bethesda, Md. 240 REC'D BY REGISTRAR ROBERT A.

10 VS A15 (4) 15M 9/5B

		1033 CRUE	
principation *9*			PERSONAL PROPERTY.
The same of		. ngw 7	beans wonder
Aller	in team-weat offe		
e de la monta	THE STATE	a on a s	
	2 5 ay 27, letsTD	A UNAS	
tayudan R.C.	Springer 5		Land of
	miomini		avaried \
most semenas item	Pary Virginia Wenzol	9000-00-000	
1-1			
			SO AND SO SO SO
man e Country, se	SORICE CLUCK ON TEU	* · · · · · · · · · · · · · · · · · · ·	m (1)

r filled in by the funeral director, ages 1 and 2 shauld be filed with th: Page 4 M TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after D FUNERAL DIRECTOR: After the prificate has been signed by the attending physician and cample page 3 should be detached for use as the burial-transit permit. Then please remove carban papers the registrar prior to burial, cremation, ar remaval, and in any event within 72 boxs after death. may be retained by

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07028

6895 CERTIFICATE OF DEATH

	0000				Kes	, Dist. No.
1. PLACE OF DEATH q. COUNTY mon-/gemen	eg	MARYLAI	O STATE	DENCE (Where deceased	lived. If institution: Re b. COUNTY	rsidence before admission)
b. CITY OR TOWN (If outside corpor RURAL ond give nearest lown)	ate limits, write	c. LENGTH OF STAY IN	16 c. CITY OR 1	OWN (If outside corpor	ote limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hose or INSTITUTION	spital, give street or	ddress)	d. STREET A	71	56	e. IS RESIDENCE ON A FARM?
Washington 20	to Ville	40	35/	0 +10201	27.3	YES NO 1
3. NAME OF DECEASED (Type or print)	First	Middle Cha fa	n Wh	III 14. DATE OF DEATH	Month	Day Year 20 1959
S. SEX 6. COLOROR	RACE 7. MARRIE	DIVORCED	2 0		9. AGE (In years lost birthdoy) Mon	NDER 1 YEAR IF UNDER 24 HRS.
0a. USUAL OCCUPATION (Give kind of during most of working life, even if Research Analysist	retired			ACE (State or lareign co		2. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	le gr		14. MOTHER'S	MAIDEN NAME		
S. WAS DECEASED EVER IN U. S. ARM (Yey no. or unknown) (If yes, give wor or	dates of service)	OCIAL SECURITY NO.	17. INFORMANT	lal reco	Address	
Conditions, if any, which	DUE TO (b) (c) AUSE (o) (b)	reinoma of	lead of	pancrees d abdomine	arth	12 months
	NT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	RIBE HOW INJURY OCC	URRED. (Enter nature a	f injury in Port I ar Part	Il of item 18.)	
20c. TIME OF INJURY Month, Do Hour o. m. p. m.	19 20d. IN. While ot work	_ Not while _	e. PLACE OF INJURY (factory, street, office	Home, farm, 20f. (City bldg., etc.)	or town)	(County) (State)
21. I certify that I attended alive an what I attended alive an what I alone actual ac	ed the decease 1953 4.7 1. TRAUM	7	, 19 <u>.56</u> eath accurred at M.D. 8237	4/0 A.M. from		an the date stated above DATE SIGNE
20. BURIAL CREMATION, 22b. DATE BURIAL (Specify) 6/23		22c. NAME OF CEMETE PARKLAWN CI			ON (City, town, or cou	inty) (Stote) TY, MARYLAND
3. FUNERAL DIRECTOR'S SIGNATURE PARTIER PURPHE	EY, INC.	ADDRESS SILVER SI	PRING, MD.	240. REC'D BY REGIST		'S SIGNATURE

The first Hay be a	HTA10 10 HT	SPATING SERVED	
			10000
			internation
All aligned and a red			

VS A15 (4) 15M 10/57

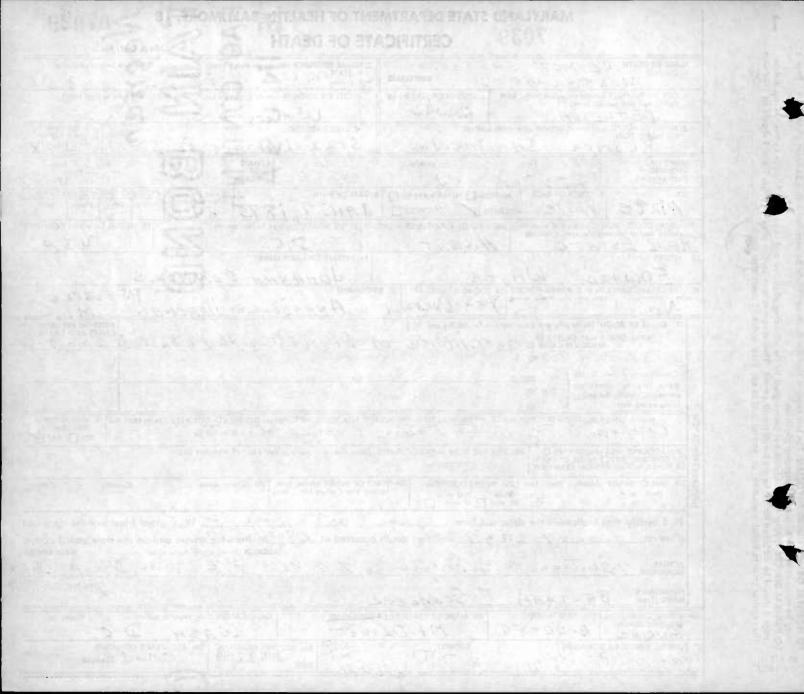
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7039

CERTIFICATE OF DEATH

07029

Reg. Dist. No.

MACE OF BEATH O	
COUNTY MONTSOMERY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Was 5.73. D. C.b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) DETHESDA 2 who	WASH. D.C. 47x-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
KESMOR SANITARIUM.	3122 LYNDALE PL., S. E. YES NO S
NAME OF DECEASED (Type or print) Patrick Middle	Waste OF DEATH JUNE 1822. 19 5
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthdoy) Months Days Hours Min.
USUAL OCCUPATION (Single bird of water dear 100 KIND OF BUSINESS OF IN	JAN. 1, 1813 84 yrs.
. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
For 1.1.	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	JOHANNA CONNORS
(If yes, give wor or dates of service)	n 11 PITTSBULG
	N THNABELLE MARTHAN MD,
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	or Prostate with Metastasis 2 Month
177X DUE TO	OT Prosecul was Melaszasis 2 Month
Conditions if any which \	
gave rise to immediate	
couse (a), stating the <u>under-</u> lying cause lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
Coronary artery Heart Fixed	
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State
	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 While Not while at work at work	factory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour a. m. p. m. 19 While at work 21. I certify that I attended the deceased fram.	rectory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour a. m. p. m. 19 While at work 21. I certify that I attended the deceased fram.	factory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour a. m. p. m. 19 While at work 21. I certify that I attended the deceased fram.	ath accurred at 6.30P.M, fram the causes and an the date stated aba ADDRESS (Street, city or town, state) DATE SIGN
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 at work 12 at work 12 at work 14 at work 15 and that decreased from 19 and that d	ath accurred at 690P.M, from the causes and an the date stated aba ADDRESS (Street, city or town, state) M.D. 1780 MASS - AVE - N.W. WASH Curre 181
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 work 19 alive an gune 17, 19 59, and that detailed and the deceased fram. ACTUAL SIGNATURE BERTRAM F. SCHIEF BURIAL, CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETER	ractory, street, office bldg., etc.) 72. , 1935, ta June / S., 1959that I last saw the decearant accurred at 619P.M., from the causes and an the date stated aba ADDRESS (Street, city or town, state) DATE SIGN M.D. / 180 Mass - AVE - N.W. Wash D gume 1811
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 20e 20e	ath accurred at 690P.M, from the causes and an the date stated aba ADDRESS (Street, city or town, state) M.D. 1780 MESS - AVE - N.W. WEST D gune 1811
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 20e 20e	Toctory, street, office bldg., etc.) The first saw the decease of



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7040

CERTIFICATE OF DEATH

07030

		1020	CERTIFICA	ATE OF DEP	ип		Reg. D	ist. No	. 21	5
0. 0	ce of DEATH COUNTY CONTROMET	у	MARYLAND	2. USUAL RESIDENCE 0. STATE Virginia		lived. If instituti b. COUNTY ATTINE		nce befo	re admiss	sion)
R	RURAL and give n	f outside corporate limits, wr egrest town)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL ond	give ne	arest town	n)
	ethesda	(Rural)	75 days	Arlingto		83	X-3			
(OK INSTITUTION	AL (If not in hospitat, give stal Hospital	reet address)	d. STREET ADDRES	ss Fairfax	Drive			ON A	FARM?
_	ME OF	First	Middle	Last	4. DATE		4			
DEC	CEASED pe or print)				OF DEATH	Mon		Do	-	Year
5. SEX		Henry	Edward	WHITELEY	DEATH	Jun			6 IF UND	19 59
			MARRIED NEVER MARRIED	8. DATE OF BIRTH		AGE (In years lost birthdoy)	Months	Days	Hours	Min,
	lale		OWED DIVORCED	6-28-85		73 yrs.				
00. U	ISUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	State or foreign co	ountry)	12. CI1	IZEN OI	WHAT	COUNTRY
10.0	lariner		U. S. Navy	South	Dakota		1	J.S.	Α.	
3. FA1	THER'S NAME			14. MOTHER'S MAID	EN NAME					
W	infield	WHITELEY		Nancy HA	LIKTNE					
		R IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO	INFORMANT	MITTHE	Add	ress			
(Yes, no	o, or unknown)	(If yes, give war or dates of service)								
-		WWI&II, Korean		lospital Rec	cords					
18		TH [Enter only one couse p	er line for (o), (b), ond (c).]						ERVAL 8E	
	-	TH WAS CAUSED BY: 1	erebral Heron	choses					LI AIND	DEATH.
	332X	DUE TO		A +			170	124	4-36	ber
	Conditions, if o	ny which)	Jennetya	anous						
g	gove rise to it ause (a), stating ying cause lost.	mmediate (DUE TO	1 Chronic Pul	monary &	Sniphy	rema		C	brox	ui
CATION	PART II. OTH		ONS <u>CONTRIBUTING TO DEATH</u> BUT	T NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY DRMED?
E OI	Do. ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injur	y in Part I or Por	t II af item 18.)				
WEDICAL 200	c. TIME OF INJUR Hour o. m. p. m.	w w	Od. INJURY OCCURRED 20e. PL for while wark at work	ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (City , etc.)	ar town)		(County)		(State
21	. I certify th	at I attended the dec	eased fram April 12	19 59 ta	June 26	19.59	that I le	ast say	y the d	lecense
		ne 26		accurred at 1:5	5P., (indi i i	J31 3U1	v ine u	lecease
a	IIVE GII OG	, ,	y, and that death	accurred at 1		the causes an		e date		d abav TE SIGNI
AC	CTUAL (11001111	Then					-		
SIG	GNATURE	raria.	1800	M.D. U. S. N	laval Ho	spital, N	INMC	6	-26-	59
PH	HYSICIAN'S J	erome A. GOLD	, LT, MC, USN	Betheso	la 14, Ma	aryland				
		N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA1	ION (City, town,	or county)		(Stat	te)
RE	EMOVAL (Specify)	6-30-59	Arlington Na			Lngton	77	77-4	rgin	
	NERAL DIRECTOR	, , , ,			REC'D BY REGIST		STPAP'S S		-	2.0
	- Work	C/ (MI) / / /	ADDRESS Washing		JUN 3 0		when	- 4 -		
N.W	. Chamber	s Funeral Hom	e, 517 11th St.,	DATE	Anii 9 n	22	Winni 4	a. 100	MANA.	

director, File F in by the funeral and 2 should be f Then please remave carbon papers. event within 72 hours after death. The law requires that the deoth certificate be executed and com the attending physician by permit. certificate has been signed

TO HOSPITAL OR X ENDING PYSICIAN: The law req may be retained by the hospital attending physician.

TO FUNERAL DIRECTOR: After 1975, certificate has been signage 3 shauld be detached far use as the burial-transit the registrar prior to burial, crematian, or removol, and

VS A1S (4) 1SM 9/S8

42					
848.254	-112				
	to suggest	Spl to	CHG CY		consists in
				_i_i_i_i_i_i_i_i_i_i	
		• • •	372.	t table	
			WP.		
				a laborated	•
			T. E. Evy		
	Sec. 2011		* * * * * * * * * * * * * * * * * * * *		
	ENDOMES			Section in the sec	Sheet Time
	1. 1.41 41 47			PARLES L	
	100040			1020.00	
Article Article	William Dr. L.				
Control of the state					
	E. Huyult Tox	U. Ne mour		A September 1	
	+ . , · = 11.00	V		el menti.	
ukanyalV hosy			05-11-15/L	100-05-3	413 Pm

DIXX		
FOR STATE ! \	-	_
	1.	ı

N

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7041 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	17	0	3	1
---	----	---	---	---

Items 4	22c & 22d Fi	lm G-244 6/19/59	. C .	Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Md.	L COUNTY	n: Residence before Montgomer	
b. CITY OR TOWN It outside corporate limits, write EURAL Silver Spring	c. LENGTH OF STAY IN 16 15 years	c. CITY OR TOWN (If outside cor		RAL ond give neore	est fown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp 225 Granville Dr.	ital, give street address)	d. STREET ADDRESS 225 Granville	Dr.		IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) Warner F	Middle Wal	Lost 4. DATE OF DEATH	July Ju	ne 13	Year 1959
5. SEX 6. COLOR OR RACE 7. MARRIEI WIDOWED		DATE OF BIRTH TULY 17, 1896	Lond hindhaland	UNDER TYEAR IF I	UNDER 24 HRS. urs Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if relired) Walter—Statler Hotel	None	11. BIRTHPLACE (Stote or foreign of Germany	country)	12. CITIZEN OF WI	HAT COUNTRY?
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of service]	The second secon	FORMANT Farner H. Wilckens	Address RFD # 3	Seaford,	Delaware
18. CAUSE OF DEATH [Enter only one couse per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	renary or	clusers		INTERVAL I	I den
CAUSE OF DEATH.	several &	Lay When for	E CONDITION GIVEN of item 18.)	IN PART 1(o) 19, W PE YES (RFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a, m. While of war	Not while facto	E OF INJURY (Home, form, 20f. (City ry, street, office bldg., etc.)	or town)	(County)	(5101e)
21. I certify that I took charge of the re opinion death resulted from: Notural co				Inquiry [], ined monner [ond in my
EXAMINER'S FRANK J. BROSCHAR	orhait	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINE DEPUTY MEDICAL EXAMINER [_ /.	- /3-S	TE SIGNED
Traine (type)	22c. NAME OF CEMETERY OR C	CREMATORY 22d. LOCA	TION (City, town, or e	ounty)	Slote) burg, Md
23. FUNERAL DIRECTOR'S SIGNATURE A BISKA Warner E. Pumphrey Inc. 84	ADDRESS	240. REC'D BY REGIST		AR'S SIGNATURE	4

execute the cert. Gie, write 4 shauld be forwolded to t TO FUNERAL DIRECTOR: Page TO DEPUTY MEDIC VS. A15ME 5M 2/57

AARYEARD STATE DEPARTMENT OF HEALTH SALTHMORE, 18 OF ARROND AND EXAMINERS CERTIFICATE OF DEATH.

		Brahalter
		Towns and Deputy II be a second
经营业 医电子管 电光压性	Calabi III Line and the	
	Sales and the sales of	
		was reduced on the mapping and the plant I for
		THE RESERVE THE PROPERTY OF THE PERSON
The state of the s		
		10 10 10 10 10 10 10 10 10 10 10 10 10 1
	*	

TO HOSPITAL OR VS A15 (4) 15M 9/55

Weight - 2lb 13	104 CERTIFIC	CATE OF DEATH		Reg. Dist. No.
o. COUNTY Montgonery	MARYLAN	IL o STATE	deceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate lim RURAL and give negres town)	its, write c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outs	ide corporote limits, write RUR	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, so OR INSTITUTION	Hogntel	33 More	- Phile	1s residence On a farm? Yes \[\] NO \[\]
NAME OF DECEASED (Type or print)	BY SIRL	WilLians 4	DATE OF SUNE	17 Doy Year 19 59
FEMALE NEGRO	WIDOWED DIVORCED	JUNE 17 19	lost birthdoy) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Ming
0a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY
EDWARD CAL	-vin Willian		VIRGINIA	GREEN
5. WAS DECEASED EVER IN U. S. ARMED FOR IYes, no, or unknown) If yes, give wor or dotes of		7. INFORMANT	aTHER_	3
18. CAUSE OF DEATH [Enter only one co		. 0//	1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under- lying couse lost.	daceration,	left lenf, tex	torium cerele	Ele 48 minut
Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CON POR CONTRIBUTING C CAUSE OF DEATH OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of accretion, Distributions CONTRIBUTING TO DEATH turity Letel	atelatosis, 4	reach delin	éli
Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CON POR CONTRIBUTING C CAUSE OF DEATH OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	atelatosis, 4	Heach de lui	N IN PART I(o) 19. WAS AUTOPSY PERFORMED?
DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CON PART III. OTHER SIGNIFICANT CON OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Ye Hour o. m.	ADITIONS CONTRIBUTING TO DEATH TELEST SEED 20b. DESCRIBE HOW INJURY OCCU Or 20d. INJURY OCCURRED While Not while of work o	RRED. (Enter noture of injury in Port.) PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CON PART III. OTHER SIGNIFICANT CON OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY Medical Examiner) Po. m. 19 20c. TIME OF INJURY Month, Doy, Ye Hour o. m. p. m. 19 21. I certify that I attended the alive an Turk (2 The ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DITIONS CONTRIBUTING TO DEATH Texity Letel 20b. DESCRIBE HOW INJURY OCCU Or 20d. INJURY OCCURRED While Not while of work of work of work deceased from June 19 5 J., and that de	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 17, 1957, ta July ath accurred at 500 M.D. 809 VC	20f. (City or town) 20f. (City or town) MC 17 19-37. M, fram the causes and DRESS (Street, city or town, street) And Market Mar	(County) (Stote) that I last saw the deceased an the date stated above County (County) (Cou
DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last. PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER) WORLD TO 20b. TIME OF INJURY Month, Doy, Ye Hour o. m. p. m. 19 21. I certify that I attended the alive an ACTUAL SIGNATURE PHYSICIAN'S	DITIONS CONTRIBUTING TO DEATH TELESTIC Set of 20b. DESCRIBE HOW INJURY OCCU OF While Not while of work of w	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 17, 1957, ta July oth accurred at 500 M.D. 809 V.C. Y OR CREMATORY 22	20f. (City or town) 20f. fram the causes and	(County) (Stote) (County) (Stote) (County) (Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-DALTINGRE, 18

The state of the s SCHOOL STANFARM VIEW THE STANFARM with the second of the second second ar removal.

Q)

7043 MEDICAL EXAMINEDIS OFFICIAL HALTIMORE, 18 07033 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pan	Dist	No	

1.	PLACE OF DEATH a. COUNTY							ed lived. If Institu		dence be	fore adm	ission)
-		ont gomery		MARYLANI	1	Marylan			Mon	t. g	1	
	b. CITY OR TOWN (If and give nearest town)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (If o	utside corp	orate limits, write	RURAL on	d give n	earest to	wn)
	Bethe:			D.O.A.	X	Cabin J	lohn					
				pital, give street address)	d. STREET	ADDRESS					e. IS R	ESIDENCE A FARM?
L	Suburba	an Hospita	L		13	Carver	Rd .					CON [
3.	NAME OF DECEASED	Fir	sf	Middle	Loc	1 4	. DATE	Mantl	h	Day	1	fear
L	(Type or print)		zebeth				OF DEATH	June	6, :	1959	1	9
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRT	н		9. AGE (In years last birthday)	IF UNDE			ER 24 HRS.
	female	col.	WIDOWED	DIVORCED [11-11-	-1918		/ ₁ () yrs.	Months	Days	Hours	Min.
100	a. USUAL OCCUPATIO	N (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHP	LACE (Slale or	r fareign co	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY?
	housewil				N	larvla	nd			USA		
13	. FATHER'S NAME				14. MOTHER'S					0.021		-
	Willi	am L. Hayw			N	ettie (d	?				
15	. WAS DECEASED EVE	R IN U. S. ARMED FO	PCESS 16	ward Social Security No. 117.	INFORMANT	00010	•	Address				
{Ye	s, no, or unknown)	If yes, give wor or dates of	service)	70 20 2077				Address				
					eodore V	illiam	s (h	isband)	Ite I	n.2		
		H [Enter only one cou	se per line f	or (a), (b), and (c).	071		0 -		,	INTE	VAL BETW	EEN ATH
	PART I. DEAT	H WAS CAUSED BY: MMEDIATE CAUSE (a)	hac	erations 4	of Bear	I aux	rel 9	recet Vez	sel	S	An	21.
	823X	DUE TO	\$P .	1)		1	1	-
	Canditions, if an		a Rtu	es hed Chi	201					15	his	21 -
	gave rise ta immedi	ate cause		1						10	-	
	(a), stating the un	nderlying (c)	His	tomob,	la Th	00:0	Dans	1				
z		, (-)	DITIONS CO.	NTRIBUTING TO DEATH BUT	NOT PELATED TO	THE TERMINI	AL DICEACE	COMPITION CIV	CALINI DAI	27 3/ 3/2	0 1414.0	ALITOROV
5	TAKI II. OIIII	a sioi tii teatti coit	DITIONS <u>CO</u>	NIKIONINO TO DEATH BUT	NOI KELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	EN IN PAI		PERFC	RMED?
2	On CVERNAL CALL	- In					1				YES 🔽	NO 🗌
CERTIFICATION	20g. EXTERNAL CAUS	TRIBUTING []		HOW INJURY OCCURRED.								
1 -	CAUSE OF DEATH.		Drive	r of auto wh	ich left	highw	ay &	s truck	tree			
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. If	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City	ar town)		unty)		(State)
ME	1 Hour 5 % Xm.	6/6/59 19	While at war		highway		Coh	in John	Mar	11. 0	MA	
	21. I certify the		of the re	emains described ab				spection .	Inqui	-		find that
		from: Natural								7 4	, and	ima inar
	dedili resolled	ioni: individi	Caoses _	, Accident 🔀, Si	icide [], F	idmicide [, Un	derermined o	ause	٦.		
	ACTUAL A	- 10	2								DATE S	UGNED
	SIGNATURE	anhy-	m	that	M.D. CHIEF	MEDICAL EXAM	MINER				DAIL .	7,0,1,1,5
	EXAMINER'S				ASSISTA	NT MEDICAL	EXAMINE	2				
	BIARRY IT A	rank I B			DEPUTY	MEDICAL EX	AMINER [Jun	2 7	, 19	959	
220	BURIAL CREMATION		FOSCI	ZZC. NAME OF CEMETERY O	R CREMATORY	, 2	2d. LOCAT	ION (City, town,	or county)		(Stat	e)
	REMOVAL (Specify) Burial	6/11/5	9	Carver Memo	rial.		Tion	urel. Ma.				
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	7 7 7 9	240. REC'D I	BY REGISTE		TRAR'S SI	GNATUI	E_	
	Kobert +	1 8 11 1	1011	Rockville, 1	Md.		JUN 9	'59	arthu	1 2.	Thomas	
	70.00	LICTARD	XVV			DATE						

A Property of the Control of the Con		
	The second second second	
	Special Control of the Control of th	MANUAL TO SERVICE
		to the Total Section 2
F to Company		
THE RESIDENCE OF THE PERSON OF		
BA DAGNON IN		
Table a state of the		
•		
FORTH SKILL AGMINISTS TO GOOD TO THE		

TO HOSPITAL OR ANENDING SICIAN: The law requires that the death certificate be execute within 24 haurs after death. Page 4 may be retained by the hasping or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplelely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B

7044 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

07034

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS 4. DATE OF DEATH USTRY 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME OS A - 2 O. 15 RESIDENCE ON A FARM? YES ON O MONTH Day Yeor Month Day Yeor 20 1959 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. lost dirthdoy) yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
d. STREET ADDRESS 3515 Hillsmere Road Last 4. DATE OF DEATH Day 4. DATE OF DEATH June 9. AGE (In years last dirthday) 14-14-01 USTRY 11. BIRTHPLACE (Stote or foreign country) Ireland 14. MOTHER'S MAIDEN NAME
Lost 4. DATE OF BIRTH 4-14-O1 9. AGE (In years lost birthdoy) yrs. USTRY 11. BIRTHPLACE (Stote or foreign country) ITeland ON A FARM? YES □ NO ■ Month Day Yeor 20 1959 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) yrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
Lost 4. DATE Month Day Yeor WILSON DEATH June 20 1959 8. DATE OF BIRTH 194-01 USTRY 11. BIRTHPLACE (Stote or foreign country) Ireland 14. MOTHER'S MAIDEN NAME
WILSON B. DATE OF BIRTH 4-14-01 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) yrs. When the Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? Ireland 14. MOTHER'S MAIDEN NAME
8. DATE OF BIRTH 4-14-01 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) yrs. Months Doys Hours Min. USTRY 11. BIRTHPLACE (Slote or foreign country) Treland 14. MOTHER'S MAIDEN NAME
USTRY 11. BIRTHPLACE (Stote or foreign country) Treland 14. MOTHER'S MAIDEN NAME Instruction of the property of the propert
IUSTRY 11. BIRTHPLACE (Stote or foreign country) Ireland 14. MOTHER'S MAIDEN NAME
14. MOTHER'S MAIDEN NAME
14. MOTHER'S MAIDEN NAME
Margaret MUNN
INFORMANT Address
S) Major Alexander Wilson, USMC, same as #2
ONSET AND DEATH ONSET
PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
1959, to June 20, 1959, that I lost saw the deceosed the occurred at 1:30A, M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. U. S. Naval Hospital Bethesda 14, Maryland
OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
emetery Whittier California
emetery Whittier California 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

PEGA				
the state of				
	St. E. Links			Choragensy with
		i delet		(2001) 10×000-1
				d. C. Stavol Hospital
ROSE CS	actific and the second		100	93544
	35	10.41-4		gels way a see
		0.020, 4		Donor Late and
		Organization Company		
		West to the said		Cr Smin Wales
e-ta-e				
	designated (15	NAME OF TAXABLE PARTY.	٠٠٠ و ١٠٠٠ و ١٠٠٠ و ١	
13.1.18	1020021			
		. St. neh	(· · · · · · · · · · · · · · · · · · ·	The Tring area area

FOR STA HEALTH DEPT director. ned 60 0 . 0 .0 the 1, 2, or Page e pl Office forwarded ! noted

o. COUNTY

3. NAME OF

5. SEX

DECEASED

no

EXAMINER'S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07035 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND b. CITY OR TOWN III c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town) d. NAME OF HOSPITAL OR/INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO R Middle DATE Lost Month Yeor Doy (Type or print) DEATH 1955 o AdE Iln years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. birthday) Months Min. Days Hours WIDOWED | DIVORCED SUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED PORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) ves 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO Z 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not while o. m. of work of work p. m.

200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.

20c. TIME OF INJURY

21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry X and in my opinian death resulted fram: Natural causes 📆 Accident 🔲, Suicide 🗍, Hamicide 🧻, Undetermined manner 🗍

DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 6/26/59 Burial

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

22d. LOCATION (City, town, or county) Arlington Nat'l Cemetery | Arlington, Virginia

8434 Georgia Ave. 23. FUNERAL DIRECTOR'S SIGNATURE Warner E. Pumphrey. Inc. 240. REC'D' BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circling & Trans DATEUN 2 5 '59

VS. A15ME SM 2/57

4 should be 5 FUNERAL D

40 0

desi

THE RESIDENCE OF THE PROPERTY Law | Claron of the control of the c ly filled in by the funeral director, Pages 1 and 2 shauld be filed with

within 24 hours oft

HYSICIAN: The law requires that the deoth certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07036

70	46		CERTIFICA	ATE OF DEATI	Н		Reg. Dist. No	o.
1. PLACE OF DEATH a. COUNTY MO	NTGOMERY		MARYLAND	2. USUAL RESIDENCE (WOOD, STATE		l lived. If institution b. COUNTY		fore admission)
b. CITY OR TOWN (II RURAL and give ne	f autside carporate lim		6 MONTHS	c. CITY OR TOWN (If				A CAMPAGE AND ADDRESS OF THE PARTY OF THE PA
d. NAME OF HOSPIT	AL (If not in hospital, at 804 BRADI	ive street		d STREET ADDRESS	BRADE		D	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Fi		Middle	lost ZANET	4. DATE OF DEATH	Mont 6		Day Year
5. SEX F'EMALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED DIVORCED	8. DATE OF BIRTH 3- 9-81		9. AGE (In years last birthday) 78 yrs.		R IF UNDER 24 HRS
10a. USUAL OCCUPATIO during most of work RETIRE	ing life, even if refired) _	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote AUSTRI		ountry)	12. CITIZEN	OF WHAT COUNTE
13. FATHER'S NAME	HN SAYEK			14. MOTHER'S MAIDEN I	NAME MAF	?Y -*-?		
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s			ISS ESTELE	LORRA	Addr		#2)
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which (b) mmediate (DUE TO		for (o), (b), and (c).]	e Hemos e arteriso	cleron	ge licho		TERVAL GETWEEN ISET MAD DEATH
PART II. OTH			ONTRIBUTING TO DEATH BUT			1.1	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. 11. P. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye		Not while for	ACE OF INJURY (Home, farm chary, street, office bldg., etc	n. 20f. (City		(Caunty	(State)
	ot attended the	decease , 19	Tagarle Local	7/	QM, from	the causes a reet, city or town,	nd an the do	saw the decease ate stated above DATE SIGN
220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, town, o	r county)	(Stote)
23. FUNERAL DIRECTOR'S F'RANCI	S SIGNATURE	Carle	ADDRESS WASH.	D. C. 240. REC'	D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGNATU	JRE

TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the deoth certificate be executed may be retained by the hospital contending physician.

TO FUNERAL DIRECTOR: After M., certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove corport page 1 should be detached for use as the burial-transit permit. Then please remove corport page 1 the registror prior to burial, crematian, or removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

1925 T. 11 Commenced by the particular and the property of the property o housed the months of the first that the first of the firs THE RESERVE OF THE PROPERTY OF good . The second of the 050

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

07037

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgome	ery		MARYL	AND	2. USUAL RESIDENCE (WHO O. STATE Pennsylva:		lived. If institutio b. COUNTY	n: Residence bel	fare admis	ssion)
b. CITY OR TOWN RURAL and give	(If autside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF o	utside corpor	rote limits, write RU	RAL ond give n	earest taw	n)
Bethesda	3.		12 days		Berwick		75)	4-3		
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					SIDENCE A FARM?
	nical Center	. Be	thesda 14,	Md.	R. D. 1					ON D
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mont	h C	Day	Yeor
(Type ar print)	Cynt		Maxine		Zehner	DEATH	Jun	e 2:	2,	1559
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthdoy)			
Female	White	WIDOWI	ED DIVORCED		March 29, 1	954	5 yrs.	Months Doys	Haurs	Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	ar foreign co	ountry)	12. CITIZEN	OF WHA	TCOUNTRY
Child	orking the, even in remed		None		Penn	sylvar	nia	U.	S. A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
Vincent	Zehner				Mary	Shaff	er			
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, IN	FORMANT The Med			958		
No	(if yes, give war or bores or s	or vice)	None		e Clinical Ce				rylar	nd
PART I. DI 20 44, 3 Canditions, if gove rise to cause (o), stotin- lying couse lost	g the <u>under-</u> DUE TO	(3)	rain Posit		Cyugha	lic'	Leek	a on	TERVAL B NSET AND 48	gh
CATI					NOT RELATED TO THE TERMI			N IN PART 1(a)	PERF	AUTOPSY ORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in f	Part I or Part	II of item IB.)			
20c. TIME OF INJU Hour a. m p. m.	. 10	While	k of work	foci	CE OF INJURY (Home, farm, lory, street, office bldg., etc.	}		(County		(Slote)
21. I certify	that I attended the			une	10, 1959 , to	June 2	22 , 1959	,that I last :	saw the	decease
alive an	June 22	., 195	2, and that o	leath	accurred at6:10	M, from	the causes ar	nd an the de	ate stat	ed abave
ACTUAL SIGNATURE	Galler	<u> </u>	S. Tyle	<u>_</u> ^	The Cli	nical	reet, city or town, s	tote)	6-2	ATE SIGNES
PHYSICIAN'S NAME (Type)	Nathan S.	Taylo	or, M. D.				Maryland		11	
220. BURIAL, CREMATI REMOVAL (Specif Buria)	ON, 22b. DATE THEREO		Pine Gr		CREMATORY Cemetery		ION (City, town, or rwick.		(Sta	te)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS				RAR 24b. REGIST	TRAR'S SIGNATU	URE	
Robert	A Pumph	0.77	Rothoedo	Me	mul and	JUN 2 4	29	Irthur S. 1	Thous.	

CONTRACTOR DEPARTMENT OF MEATH - MAINTING TO Marketter and the state of the A STATE OF THE COLUMN TWO COLUMN THE COLUMN or the state of the state of the standard of t

07038

7048

CERTIFICATE OF DEATH

Reg. Dist. No.

							iteg. Dist. 140	•
1. PLACE OF DEATH D. COUNTY MONTGOMER	ND 2.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING			5	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 SILVER SPRING				
d. NAME OF HOSPITAL (If not in h OR INSTITUTION 1708 REPUBLIC ROA	1	/ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\mathbb{R}\)						
3. NAME OF DECEASED (Type or print) HERBE	First CRT	MELVIN	1	ZINS	4. DATE OF DEATH	JUNE	15	oy Yeor 19 59
5. SEX 6. COLOR O		RIED NEVER MARRIED /ED DIVORCED	_	RIL 16, 195		AGE (In years lost birthdoy) 9 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even STUDENT	of work done 10b if retired)	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote WASHINGT			U.S.	OF WHAT COUNTRY
3. FATHER'S NAME			14	. MOTHER'S MAIDEN I				
LESTER ZINS				LILLIAN RI	NBERG			
1S. WAS DECEASED EVER IN U. S. AR/ [Yes, no. or unknown] (If yes, give wor o	MED FORCES? 16 r dates of service)	. SOCIAL SECURITY NO.	17. INFO	TER ZINS -	1708 RE	PUBLIC I		. SPG. MD.
Conditions, if ony, which gove rise to immediate codie (a), stating the under-	DUE TO (b) DUE TO (c)	yeutal	nea	n austi	are.			irth to p
CATIC		CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERMI	INAL DISEASE C	ONDITION GIVI	EN IN PART 1(o)	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYIN OP CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	G 20b. DE	SCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in !	Port I or Port II	of item 1B.)		
20c. TIME OF INJURY Month, I Hour o. m. p. m.	Day, Year 20d. While of wo	_ Not while	PLACE (foctory,	OF INJURY (Home, farm street, office bldg., etc	1, 20f. (City or .)	town)	(County)	(Stote)
	bert &	9 Hich	eath acc	curred at 50	M, fram the ADDRESS (Street Mule)	he causes a	nd an the do	aw the decease steel stated above DATE SIGNE
BURIAL (Specify) 6-1	7-59	MT. LEBANON				N (CUy, town, o	r county) MARYLAND	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE B. DANZANSKY & SOI	NS- 3501	14th STREET	, N.W		D BY REGISTRAL		TRAR'S SIGNATU	

on and letely filled in by the funeral director, carbon popers. Pages 1 and 2 should be filed with

ofter death. Page 4

by the hast in a attending physician.

**TOR: Aff its cartificate has been signed by the attending physicial actions are the buriel-transit permit. Then please remove a

ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR A1
May be retking by
May be retking by
TO FUNERAL DI ECT
50,55 PM
TO FUNERAL DI ECT
50,50 PM
TO FUNERAL DI ECT
TO FUNERAL D

THE STATE OF THE PROPERTY OF T			Thursday in
The state of the s			
THE RESIDENCE OF THE PROPERTY		Man of application some	
The control of the co	e la		
The second property of		DOCE OF THE	
THE THE PROPERTY OF THE PROPER			
THE RESERVE OF THE PROPERTY OF			
The second secon			
CONTROL MANUAL AND THE PARTY OF			Control of February
		THE STREET, ST. ST.	